

Alabama Department
Of
Mental Health and Mental Retardation



Community Mental Health Program
Standards

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1000 INTRODUCTION

1100 TYPE OF CERTIFICATE

A provider that meets the respective requirements will be issued one of two types of certificates depending upon the number and type of services delivered by the provider. The criteria listed below will be applied at the time an initial Application for Certification is submitted and during the initial and subsequent site visits after the effective date of this edition of the standards.

.1 Mental Health Services Provider

A provider may be certified as a Mental Health Services Provider if it provides one or more (but not all) services as listed in Section 4000 - 5000 in compliance with the standards. The services for which a provider seeks certification should be listed on the Application for Certification and will be specifically reviewed during the on-site visit. The services that a mental health service provider are certified to provide will be listed in the cover letter mailed with the certificate.

.2 Community Mental Health Center

A provider will be certified as a Community Mental Health Center (CMHC) if the requirements listed below are met.¹ The requirements are designed to assure that any provider certified as a CMHC provides the array of services defined below either directly or through specific arrangement with another agency/individual to a broad array of recipients in an identified service area without regard to age, race, language of preference, sex, and degree of psychiatric disability. The services must be coordinated in a manner that assures access to inpatient and residential care and to community supports for adults with serious mental illness and children and adolescents with severe emotional disturbance.

The provider must provide the following services directly through its employees: 1) Emergency Services, 2) Outpatient Services, 3) Consultation and Education Services, and 4) Partial Hospitalization/Intensive Day Treatment/Rehabilitative Day Program in order to be certified as a CMHC and 5) must provide residential services either directly through its employees or through agreement with other certified providers.

¹ The criteria were developed, in part, to be consistent with the CMHC criteria in the Federal Register, Vol. 59, No. 29, February 11, 1994, and with the Division of Health Standards and Quality All States Letter Number: 76-95 (July 21, 1995).

In addition to the specific criteria listed below, the provider must also comply with the applicable sections of Section 4000 - 5000 for each program element. For each required program element under the CMHC certificate, the criteria that must be met at the time of initial application and at the time of the first on-site visit and subsequent site visits are specified below.

Providers who do not meet all criteria below for each service required to be a Community Mental Health Center (CMHC) at the time of the initial Application for Certification are not eligible to be surveyed as a CMHC. If all the criteria for a CMHC are not met during a site visit, the provider is not eligible for certification as a CMHC. A provider may request certification as a Mental Health Services Provider for those services which do meet the applicable standards.

Emergency Services

At the time of application:

1. The program description for Emergency Services describes how it will be available 24 hours a day, 7 days a week both by telephone and face-to-face and how consumers are informed about emergency services.
2. Policies/job descriptions include requirements for Emergency Service staff to be on call 24 hours a day, 7 days a week.
3. The Emergency Service program description includes the following crisis intervention services for consumers with serious mental illness or severe emotional disturbance:
 - a. demonstrated capacity to gain access to inpatient psychiatric services
 - b. capability to assure that consumers who are in jail can be evaluated and medications, if any, continued
 - c. capacity to ensure that consumers who are deaf/hard of hearing can gain access to linguistically appropriate emergency care.

At the time of the initial and subsequent site visit(s):

1. There is evidence in consumer records and/or other documents that services described in 3. above were provided.
2. In the sole discretion of the DMH/MR, the number of consumers served demonstrates that there is a creditable effort to provide emergency services.

Outpatient Services

At the time of application:

1. Outpatient services are listed on the provider's organizational chart.

2. The Outpatient program description has admission criteria inclusive of all ages, persons with serious mental illness/severe emotional disturbance, and persons discharged from inpatient psychiatric treatment.
3. Specialty services for children and elderly are described.
 - a. Policies/job descriptions require staff treating children and elderly to have the credentials as specified in 2209 and 2210.
4. Specialty services for persons discharged from an inpatient psychiatric setting and for persons with a serious mental illness/severe emotional disturbance must include the following:
 - a. evaluation and medication monitoring by a psychiatrist.
 - b. outreach capability to provide services to consumers in their usual living situation.
 - c. provision of case management services in accordance with Section 4500.
 - d. screening for admission to state psychiatric hospitals as evidenced by a written agreement with the local 310 Board (if not a 310 Board), relative to coordination of screening petitions for involuntary inpatient commitment for consumers of the CMHC.
5. Follow-up on all missed appointments for all high risk consumers including those whom;
 - a. have been discharged from psychiatric inpatient care within the past 12 months
 - b. were decompensating at the last visit
 - c. are considered potentially harmful to self or others
 - d. have a history of aggression, child abuse, or sexual abuse

At the time of the initial and subsequent site visit(s):

1. A review of a sample of consumer records demonstrates that the services described in the application are provided to consumers.
2. In the sole discretion of the DMH/MR, the number and type of consumers served demonstrates that there is a creditable effort to provide outpatient specialty services as described in 1. - 5. above.
3. The staff employed in the Outpatient program meets the credential requirements for both general and specialty services.

Consultation and Education Services

At the time of application:

1. Application materials describe planned consultation and education activities to include both program and consumer consultation and public education.

At the time of the initial and subsequent site visit(s):

1. Consultation and education activities have been provided and documented as described in the application materials.

Partial Hospitalization/Day Treatment Services

At the time of application:

1. There is a program description for either Partial Hospitalization, Intensive Day Treatment, or Rehabilitative Day Program that complies with the requirements in Sections 4100, 4200, or 4300, respectively.
2. The proposed staffing pattern conforms to requirements in 4103, 4203, 4303, 2205, 2206, 2207, 2208, and 2213.
3. The organizational chart includes at least one type of day treatment service.

At the time of the initial and subsequent site visit(s):

1. The schedule of activities and the consumer records document that the program description has been implemented in accordance with the respective certification standards for the service.
2. Staff meets the credential requirements.
3. In the sole discretion of the DMH/MR, the number of consumers served demonstrates that there is a creditable effort to provide Partial Hospitalization/Day Treatment Services.

Residential Services

At the time of application:

1. There must be available either a written program description, if residential services are offered directly by the provider, or a written agreement with another residential treatment service provider certified under Section 4700 relative to delivery of residential services.
2. If the provider is applying to deliver residential services directly, the program description and proposed staffing must conform to Section 4700.
3. If the provider proposes to offer this service through arrangement with another provider, there must be a written agreement that identifies the services to be provided and the manner in which they will be coordinated, supervised, and evaluated by the provider.

At the time of the initial and subsequent site visit(s):

1. The consumer records and program documentation validate that the program is operating in accordance with the program description and Section 4700, or
2. There is documentation of the number of the provider's consumers that have received residential services through the written agreement with another provider. The consumer records and any other relevant documents clearly demonstrate coordination, supervision, and evaluation of the residential service by the provider.
3. In the sole discretion of the DMH/MR, the number of consumers served demonstrates that there is a creditable effort to provide residential services.

2000 OPERATIONAL REQUIREMENTS

2100 GOVERNING AUTHORITY

- 2101 The provider must be a public or a private corporation. It must provide written documentation to DMH/MR of its source of authority through its Articles of Incorporation (or Charter) and Bylaws.**

MEASUREMENT CRITERIA

The provider is a public or private corporation. YES___NO___

Specify law under which incorporated: _____

The Articles of Incorporation (or Charter) have been submitted to DMH/MR.

YES___NO___

- 2102 The Board of Directors of the Corporation, as its governing body, has responsibility and authority for the overall conduct of the operations including the treatment and/or prevention programs it provides.**

MEASUREMENT CRITERIA:

The Bylaws or Articles specify that the Board of Directors is responsible for the overall operation of the program. YES___NO___

The minutes of the meetings of the Board of Directors document that the Board is carrying out the designated responsibilities. YES___NO___

- 2103 The provider shall implement written policies and procedures approved by the Board that prohibit creation after the fact, alteration, or falsification of original administrative or clinical documentation in order to make it appear that the documentation is original, factual, or occurred at some time other than it actually did to give the appearance of on-going compliance with these standards or other applicable regulations.**

MEASUREMENT CRITERIA:

There are board approved written policies consistent with this standard (YES___NO___). There is no evidence that any documentation has been created after the fact (YES___NO___), altered (YES___NO___), or falsified (YES___NO___).

2200 MENTAL ILLNESS PROGRAM STAFF

- 2201** The executive director of a provider shall be a full-time employee and shall have at least a master's degree in an administrative or mental health related field and at least five years of post master's progressive managerial experience in a mental health treatment setting. The job description for the executive director includes overall responsibility for the operation of the agency.

MEASUREMENT CRITERIA:

The qualifications of the executive director meet the requirements.

YES___NO___

The job description for the executive director includes overall responsibility for the operation of the agency. YES___NO___

- 2202** There shall be a psychiatrist as a full-time or part-time employee or a consultant to the provider who is responsible for medical aspects of consumer psychiatric care. Access to on-call psychiatric services must be available 24 hours/day, 7 days/week.

MEASUREMENT CRITERIA:

The psychiatrist's job description/contract outlines the responsibility for assuring appropriate medical aspects of consumer psychiatric care. YES___NO___

The availability of on-call psychiatric services 24/7 is documented. YES___NO___

- 2203** There shall be a full-time Clinical Director (in addition to the Executive Director) who has full-time responsibility for the quality of clinical care and the appropriateness of clinical programs. The Clinical Director shall have as a minimum either a master's degree in psychology, social work, counseling, or psychiatric nursing with a minimum of three years post master's relevant clinical experience or shall be a physician who has completed an approved three year residency in psychiatry.

MEASUREMENT CRITERIA:

There is a full-time employee responsible for the quality of clinical care and the appropriateness of clinical programs. YES___NO___

The employee has the required qualifications. YES___NO___

- 2204** There shall be an organizational chart that depicts functional areas of responsibility and lines of supervision.

MEASUREMENT CRITERIA:

The organizational chart includes functional areas of responsibility (YES___NO___). The organizational chart includes lines of supervision (YES___NO___). The organizational chart includes all program elements for which certification is sought (YES___NO___).

- 2205 Each direct treatment service functional area of responsibility on the organizational chart shall be coordinated by a member of the staff who has a master's degree in a mental health related field and at least two years post master's supervised experience in a direct service area, except program coordinators of Adult Rehabilitative Day Programs and Residential Care Homes shall have, at a minimum a bachelor's degree or RN plus two years supervised post degree mental health related experience.**

MEASUREMENT CRITERIA:

There is a coordinator for each direct treatment service area of responsibility. YES___NO___

Each coordinator has the required qualifications (YES___NO___). If NO, a written exception has been issued by DMH/MR (YES___NO___ NA___).

- 2206 All treatment staff who provide therapy and clinical assessments for mental illness consumers must have a master's degree in mental health related field.**

MEASUREMENT CRITERION:

All staff providing therapy and/or clinical assessments have a master's degree in a mental health related field. YES___NO___

- 2207 Treatment staff who meet 2206 but do not have two years post master's supervised clinical experience must receive supervision from a therapist who has a master's degree in a mental health related field and at least two years post master's experience in a direct service functional area. The supervision must include two face-to-face supervisory sessions per month (minimum one hour per session) in addition to case staffing and other quality assurance functions for two years post master's supervision.**

MEASUREMENT CRITERION:

There is documentation of the appropriate supervision. YES___NO___

- 2208 The credentials of staff shall be appropriate for the levels and types of services they are providing.**

MEASUREMENT CRITERION:

Staff members have appropriate education/experience for the types of services they are providing (YES___NO___).

If NO, outline deficiencies: _____

- 2209 Staff who provide services primarily to specific subgroups (such as the elderly, and people who are deaf/hard of hearing) shall have specialized training/experience to work with such subgroups or shall receive supervision by a staff member with specialized training/experience.**

MEASUREMENT CRITERIA:

Personnel records of specialized staff members document experience or training in that area (required experience is 2 years supervised experience to specific subgroup; training/education is either 2 specialized graduated courses related specifically to subgroup or 12 CEUs of training/workshops in the specialty area.) (YES___NO___ NA___). If NO, supervision is documented by a staff member with specialized training/experience for two years of supervision in the specialty subgroup (YES___NO___ NA___).

- 2210 Staff who provide treatment and clinical services primarily to children and adolescents shall have specialized experience in this area or shall receive supervision in this area one hour a week by a staff member with specialized experience/training and shall receive 20 hours of specialized training per year for two years from date they begin providing such services.**

MEASUREMENT CRITERIA:

Personnel records of specialized staff members who provide treatment and clinical services document two years of supervised experience serving children/adolescents (YES___NO___ NA___) or document one hour per week (YES___NO___) from a supervisor with specialized training/experience (YES___NO___) plus 20 hours of specialized training per year for two years from date staff members begin providing such services (YES___NO___).

- 2211 Teachers who provide educational services to children must be certified for the type of class they are teaching.**

MEASUREMENT CRITERION:

There is documentation in each teacher's personnel file that he/she has the appropriate teacher certification. YES___NO___ NA___

- 2212 Case managers must complete a case management training program approved by DMH/MR.**

MEASUREMENT CRITERION:

The personnel record of each case manager documents that he/she has the case management training approved by DMH/MR for the type of services that they provide. YES___NO___ NA___

2213 All staff who transport consumers shall have a drivers license valid in Alabama.

MEASUREMENT CRITERION:

The personnel records of employees who transport consumers contain evidence of a driver's license valid in Alabama. YES___NO___ NA___

2214 Documentation of all required supervision must include the following information for each supervisory session:

- .1 Name and signature of supervisor YES___NO___**
- .2 Name and signature of employee YES___NO___**
- .3 Date of supervision YES___NO___**
- .4 Amount of time in supervisory session YES___NO___**
- .5 Brief description of topics covered in session YES___NO___**

MEASUREMENT CRITERIA:

There is written documentation of supervision for each staff member who requires supervision. YES___NO___

The documentation contains all of the required elements (YES___NO___). If NO, what is missing? _____

2215 The Board shall establish a policy describing the manner in which background checks will be conducted prior to employment/engagement on all employees, volunteers, and agents. All employees/volunteers/agents of the provider will have a background check prior to employment.

MEASUREMENT CRITERIA:

There is a written policy describing the manner in which background checks will be conducted (YES___NO___). The policy is approved by the Board (YES___NO___). The policy covers all employees, volunteers, and agents (YES___NO___). The policy requires background checks prior to employment/engagement (YES___NO___). There is evidence that the policies are implemented (YES___NO___).

2216 Students who are completing a graduate degree in psychology, counseling, social work, or psychiatric nursing may be used for direct services under the following conditions:

- .1 The student is in a clinical practicum that is part of an officially sanctioned academic curriculum.**
- .2 The student receives a minimum of one hour per week direct clinical supervision (face-to-face) from a licensed/certified mental health**

professional having at least two years post master's experience in a direct service functional area.

- .3 The student's clinical notes are co-signed by the student's supervisor described in .2 above.**

MEASUREMENT CRITERIA:

The provider is/has provided clinical practica for graduate student (YES___NO___). If yes, the student(s) was/is in an officially sanctioned clinical practicum (YES___NO___), the student received 1 hour per week of direct supervision (YES___NO___) from a licensed/certified mental health professional having at least two years post master's clinical experience (YES___NO___), and the student's clinical notes were co-signed by the supervisor (YES___NO___).

- 2217 All staff having direct contact with consumers must be trained in professionally accepted management of aggressive/assaultive behavior and crisis intervention techniques. The training must have been within the past two years, and the training was must have been conducted prior to working alone with consumers.**

MEASUREMENT CRITERIA:

There is documentation that all staff have received training in professionally accepted management of aggressive/assaultive behavior and crisis intervention techniques (YES___NO___), the training has been within the past 2 years (YES___NO___), and the training was conducted prior to working alone with consumers (YES___NO___).

- 2218 All staff in day treatment (Partial Hospitalization Program, Adult Intensive Day Treatment, Rehabilitative Day Program, and Child/Adolescent Day Treatment), PACT/ACT team members, and case managers shall be trained in infection control. Staff shall be trained prior to working with consumers.**

MEASUREMENT CRITERIA:

All staff in day treatment, PACT/ACT team members, and case managers have been trained in infection control (YES___NO___) and were trained before working with consumers (YES___NO___). If NO, please list deficiencies:

- 2219 All staff who have contact with consumers shall receive initial training on the following topics:**

- .1 Diagnostic categories**
- .2 Classes of psychotropic medications**
- .3 Recovery orientation**
- .4 Interaction with consumers and families**

MEASUREMENT CRITERIA:

There is documentation that all staff who have contact with consumers have received training as described above (YES___NO___). If NO, describe the areas of deficiency: _____

_____.

- 2220 All consumers in day treatment (Partial Hospitalization Program, Adult Intensive Day Treatment, Rehabilitative Day Program, and Child/Adolescent Day Treatment) shall be trained in infection control at orientation and annually thereafter.**

MEASUREMENT CRITERIA:

There is documentation that all consumers described above have received training in infection control at orientation (YES___NO___) and annually thereafter (YES___NO___). If no, describe the areas of deficiency: _____

_____.

3000 CLINICAL STANDARDS

3100 GENERAL CLINICAL PRACTICE

- 3101 Each consumer admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/implementation of the treatment plan.**

MEASUREMENT CRITERIA:

Consumer records document the assignment to an appropriately qualified staff member or clinical treatment team . YES___NO___

The responsible staff member coordinates/implements the treatment plan. YES___NO___

EVERY CONSUMER SHALL HAVE THE RIGHT TO ACCESS INDIVIDUALIZED MENTAL HEALTH SERVICES.

- 3102 Services must be individualized, well-planned, based on a comprehensive mental health evaluation and needs assessment, and should include treatment designed to enhance the consumer's abilities to recover and function in society as normally as possible.**

- .1 Upon admission, a comprehensive mental status evaluation and needs assessment of each consumer shall be completed for the purpose of individualized treatment planning.**
- .2 Each program provides individualized mental health care and treatment.**

MEASUREMENT CRITERIA:

Upon admission, a comprehensive mental status evaluation and needs assessment of each consumer shall be completed for the purpose of individualized treatment planning (YES___NO___). Each program provides individualized mental health care and treatment (YES___NO___).

- 3103 The program shall follow up within a reasonable time for missed appointments and other clinical indicators for all high risk consumers such as:**

- .1 Consumers who were discharged from inpatient services (local or state) in the last year**
- .2 Consumers who were decompensating on the last visit**
- .3 Consumers who are considered potentially harmful to self or others**

MEASUREMENT CRITERIA:

There is a written policy describing the procedure for follow-up for missed appointments and other clinical indicators for high risk consumers. (YES___NO___). Consumer records document that timely attempts for follow-up were made when appointments are missed (YES___NO___) and when other clinical indicators are present (YES___NO___).

- 3104 All consumers receiving psychotropic medication through the provider shall be 1) seen and evaluated by a licensed physician at intervals not to exceed a six-month period and 2) receive information relative to risks and benefits of the medication.**

MEASUREMENT CRITERIA:

The written clinical policies include a policy that indicates the maximum interval (not to exceed six months) between psychiatric evaluations for consumers receiving psychotropic medication (YES___NO___) and that consumers be given information relative to the risks and benefits of the medication (YES___NO___). Consumer records document the implementation of this policy (YES___NO___).

- 3105 Prescriptions shall be limited to five (5) refills or a six-month (6) supply, unless the physician sets more stringent directions.**

MEASUREMENT CRITERION:

Consumer records document that the maximum number of refills on center-prescribed prescriptions is 5 (or a six month supply). YES___NO___

- 3106 Phone orders from the physician regarding medication in crisis situations must be documented immediately and cosigned by the physician within seven days.**

MEASUREMENT CRITERIA:

All situations requiring medication in a crisis were documented in the progress notes, dated and signed. YES___NO___ NA___

Emergency orders for medication were logged on the consumers' medication sheet (See reference 3408.12). YES___NO___ NA___

- 3107 The provider must provide or arrange for emergency services for enrolled consumers.**

MEASUREMENT CRITERIA:

The provider provides emergency services as evidenced by compliance with Section 4600 (YES___NO___ NA___) or there are contracts and cooperative agreements that spell out procedures for 24 hour emergency telephone coverage and evaluation services through a local hospital or other appropriate resource (YES___NO___ NA___).

Consumer records document that Emergency Services are provided when

indicated (YES___NO___ NA___).

3108 The board must approve written operational policies. The following minimum procedures must be established:

- .1 The provider must have written policies that protect the consumer against discrimination in the provision of services regardless of the consumer's age, race, creed, handicap, national origin, language preference, sex, social status, diagnostic category, or length of residence in the service area except that specialized services may be developed for different age and/or diagnostic categories.**
YES___NO___
- .2 A description of each service functional area of responsibility as contained in the organizational chart and for which certification is requested that includes:**
 - (a) Admission criteria** YES___NO___
 - (b) Nature and scope of the program** YES___NO___
 - (c) Discharge/transfer criteria and procedures** YES___NO___
 - (d) Service area for the program** YES___NO___
- .3 A description of the appeal policies and procedures for:**
 - (a) Persons denied admission** YES___NO___
 - (b) Persons involuntarily dismissed from a program**
YES___NO___

MEASUREMENT CRITERIA:

The board has adopted written operational policies. YES___NO___

The policies are being implemented as written and approved. YES___NO___

3109 There must be a written policy addressing circumstances under which drug screening of consumers by urinalysis may be utilized. If it is utilized at any point, the program must:

- .1 Establish procedures that protect against the falsification and/or contamination of any urine specimen.**
- .2 Demonstrate that the individual's privacy is protected each time a urine specimen is collected.**
- .3 Require that an observer will supervise urine collection.**

MEASUREMENT CRITERIA:

The Board has adopted these operational policies (YES___NO___ NA___). The approved policies are being implemented (YES___NO___ NA___).

3200 CONSUMER PROTECTION

3201 There must be written policies and procedures that protect the consumer's welfare, the manner in which the consumer is informed of these protections, and the means by which these protections will be enforced. For adults with guardians and for unemancipated minors for purposes of health care (under age 14) with a parent, guardian, or person acting in loco parentis who has the authority to act on behalf of the unemancipated minor, the provider shall treat the parent, guardian, or person acting in loco parentis as the consumer's personal representative for purposes of protecting consumer rights. The personal representative shall be given a copy of the consumer's rights and a copy of the grievance policies. The written policies and procedures shall, at a minimum, address the following rights:

MEASUREMENT CRITERION:

There are written policies and procedures. YES___NO___

There is documentation that personal representatives are given copies of consumer's rights and the grievance policy. YES___NO___NA___

EVERY CONSUMER IN RESIDENTIAL OR INPATIENT PROGRAMS HAS THE RIGHT TO PRIVACY.

.1 To privacy.

MEASUREMENT CRITERIA:

Each program affords every consumer the right to privacy relative to their treatment and care, unless contraindicated by clinical determination made by professional staff for therapeutic or security purposes. YES___NO___

Emergency determinations limiting privacy shall be reviewed and documented frequently. YES___NO___

Each program respects consumer's privacy during toileting, bathing, and personal hygiene activities. YES___NO___

Each program allows consumers to converse privately with others and to have private access to telephone and visitors at reasonable times. YES___NO___

Searches of a consumer or his/her living area and personal possessions are only conducted when it is documented that the program director deems such to be necessary for the safety and security of the consumer, others, and/or the physical environment. YES___NO___

Each program has procedures established for conducting searches, which observe and adhere to the consumer's right to be accorded human respect and dignity on an individual basis in a consistently humane manner. YES___NO___

In residential programs, written policies and procedures require that staff knock before entering consumer living areas. YES___NO___

Written and informed consent must be signed by the personal representative of a minor before photographs are taken (YES___NO___) and the photograph is to be returned to the parent upon request when the consumer is discharged (YES___NO___).

EVERY CONSUMER SHALL HAVE THE RIGHT TO CONFIDENTIALITY OF ALL INFORMATION IN HIS/HER MENTAL HEALTH, MEDICAL, AND FINANCIAL RECORDS.

- .2 To confidentiality and access to consumer records including:**
- (a) Requirement for the consumer's/personal representative written authorization for release of information.**
 - (b) Policies governing emergency unauthorized release.**
 - (c) Policies governing internal access to consumer records.**
 - (d) Policies governing external access to consumer records.**

MEASUREMENT CRITERIA:

Each program ensures that all information in a consumer's record(s) is kept confidential, including any financial information, in accordance with state and federal laws and regulations. YES___NO___

Each program ensures that only individuals directly involved in a consumer's treatment or care, authorized administrative review, or in the monitoring of its quality, shall have access to his/her clinical records, unless other access is permitted under state and federal laws and regulations. YES___NO___

No consumer's record(s) is released to other individuals or agencies without the written, informed consent of the consumer except for requests in accordance with state and federal laws and regulations (e.g. emergencies) and so documented. YES___NO___

Each program is responsible for the safekeeping of each consumer's records and for securing it against loss, destruction, or use by unauthorized persons. YES___NO___

EVERY CONSUMER SHALL HAVE THE RIGHT TO ACCESS, UPON REQUEST, ALL INFORMATION IN HIS/HER MENTAL HEALTH, MEDICAL, AND FINANCIAL RECORDS, UNLESS A CLINICAL DETERMINATION HAS BEEN MADE BY PROFESSIONAL STAFF THAT ACCESS WOULD BE DETRIMENTAL TO THE CONSUMER'S HEALTH.

- .3 Access upon request to all information in the consumer's mental health, medical and financial records, unless a clinical determination has been made by professional staff that access would be detrimental to the consumer's health.**

MEASUREMENT CRITERIA:

Each program has established procedures regarding the content of a consumer's records and procedures for release or disclosure of parts thereof. YES___NO___

Upon request by a consumer/personal representative for the release of contents of his/her records, the program makes a clinical assessment conducted by qualified staff as defined herein to determine whether such access would or would not be detrimental to the consumer's health or present a threat of physical harm to a third party. Written documentation of this determination is made to the consumer's record. Additional requests may be made at any time.
YES___NO___

Each program has established an appeals procedure regarding the disclosure of the content of a consumer's records. YES___NO___

- .4 Any limitations placed by the provider on a consumer's right to manage his or her personal funds shall be time limited and can only be made (1) after a specific assessment of the consumer's ability to manage funds, (2) after the consumer has been fully informed of the limitation, and (3) in consideration of the consumer's individual treatment plan as it relates to personal finances.**

MEASUREMENT CRITERIA:

The clinical policies and procedures require that a specific assessment be made before any limitation is placed on a consumer managing his/her personal funds.
YES___NO___

The clinical records of consumers who have a limitation placed on their ability to personally manage their funds document that there was an assessment of the consumers' ability to manage their funds (YES___NO___), the limitation was discussed with the consumer (YES___NO___), any limitation is addressed in the consumers' treatment/case plan identifying clinical interventions targeted to remove the limitation and enhance the consumers' ability to be independent (YES___NO___), and the limitation is periodically reviewed and evaluated regarding its continued appropriateness (YES___NO___).

- .5 The provider must establish a written, Board approved policy addressing: 1) the procedures for consumers to gain access to their personal funds when the provider is the representative payee or otherwise the custodian of the consumer personal funds, 2) any limitations on the manner and frequency in which funds can be accessed, 3) any limitations on the amount of funds that can be kept in the consumer's personal possession in a residential program, 4) requirements for the provider on the management, accounting, and reporting of consumer personal funds when the provider is the representative payee or custodian of personal funds, and (5) requirements for obtaining the consent of the consumer or personal representative for the provider to manage consumer personal funds when the provider is not the representative payee.**

MEASUREMENT CRITERIA:

The provider has a written (YES___NO___) Board-approved (YES___NO___) and implemented (YES___NO___) policy that addresses each of the areas listed above (YES___NO___). If NO, list the area not covered in the policy:

EVERY CONSUMER/PERSONAL REPRESENTATIVE SHALL HAVE THE RIGHT TO BE INFORMED SPECIFICALLY OF THE PROCEDURES FOR INITIATING A COMPLAINT OR GRIEVANCE PROCEDURE AND THE APPLICABLE APPEALS PROCESS, INCLUDING THE MEANS OF REQUESTING A HEARING OR REVIEW OF THE COMPLAINT.

.6 To complaint/grievance procedures.

MEASUREMENT CRITERIA:

Prior to or promptly upon admission, each program provides every consumer/personal representative a concise written statement of rights and responsibilities along with procedures to be followed to initiate, review, and resolve allegations of rights violations. YES___NO___

Each program will have procedures in place to assure that this statement of rights is made available by translation or interpretation to consumers with limited English proficiency, including those who are deaf. YES___NO___

Each program obtains from the consumer a written verification of receipt of statement of rights and grievance procedure information. YES___NO___

Promptly upon admission, or as soon as the consumer's condition permits, each program provides the consumer/personal representative a verbal orientation regarding rights, complaint procedures, and responsibilities as consumers. YES___NO___

All information regarding rights and complaint procedures is in language and terms appropriate for the consumer to understand. YES___NO___

At a minimum, the complaint/grievance procedures include:

(1) The name and telephone number of a designated local contact within the program. The designated person shall be able to inform consumers of the means of filing grievances and of accessing advocates, ombudsmen, or rights protection services within or outside the program. YES___NO___

(2) Rights information is posted in commonly used public areas of residential facilities where consumers live and also where they receive services. YES___NO___

(3) Such notices shall include the 800 numbers of the DMH/MR Advocacy Program, federal protection and advocacy system and local Department of Human Resources. YES___NO___

(4) Programs assure that consumer access to advocates and the grievance/complaint process occurs without reprisal. YES___NO___

EVERY CONSUMER/PERSONAL REPRESENTATIVE SHALL HAVE THE RIGHT TO A STATEMENT OF ANY APPLICABLE CHARGES FOR MENTAL HEALTH

SERVICES, ITEMIZED WHEN POSSIBLE, AND THE RIGHT TO BE INFORMED OF ANY LIMITATIONS PLACED ON THE DURATION OF THE SERVICES.

.7 To be informed of the financial aspects of treatment.

MEASUREMENT CRITERIA:

Upon admission, or as soon as clinically appropriate, the facility provides every consumer a written statement of services that will be provided to the consumer and related charges, including limitations placed on the duration of services and/or charges related to such services. YES___NO___

Consumers/personal representative who are responsible for charges for services, are informed of any changes in services or limitations placed on duration of services as they occur during treatment. YES___NO___

Consumers who are primarily responsible for payment of charges for services are informed in writing of their eligibility for reimbursement by third party payers for services rendered, and assisted as needed with application. YES___NO___

.8 To be informed of the need for parental or guardian consent for treatment, if appropriate.

.9 To be fully informed, on an individual basis, when needed, concerning services provided, with information presented in a setting and in the language the consumer prefers and in terms appropriate to the consumer's condition and ability to understand.

MEASUREMENT CRITERIA:

Upon admission, the program provides every consumer/personal representative a written statement of the services to be provided. The program shall provide the consumer with written notification when any changes in services or charges occur. YES___NO___

All such information is presented to the consumer in language and terms appropriate to the condition and ability of the consumer to understand. YES___NO___

EVERY CONSUMER/PERSONAL REPRESENTATIVE SHALL HAVE THE RIGHT TO MAKE AN INDIVIDUAL, WRITTEN DECISION TO CONSENT OR REFUSE TO PARTICIPATE IN RESEARCH OR EXPERIMENTATION, BASED UPON INFORMATION WHICH IS PRESENTED IN A NON-THREATENING ENVIRONMENT AND IN LANGUAGE APPROPRIATE TO THE CONSUMER'S CONDITION AND ABILITY TO UNDERSTAND. THE INFORMATION PRESENTED SHALL FOLLOW THE GENERAL REQUIREMENTS FOR INFORMED CONSENT AS CITED UN THE CODE OF FEDERAL REGULATIONS 45 CFR.46.116, DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL INSTITUTE OF HEALTH, OFFICE FOR PROTECTION FROM RESEARCH RISKS: "PROTECTION OF HUMAN SUBJECTS".

.10 To give informed consent prior to being involved in research projects.

MEASUREMENT CRITERIA:

Each program provides any consumer/personal representative who is asked to participate in a research or experimental project full information regarding procedures to be followed, potential discomforts, and/or risks, and expected benefits of such projects before consent is sought. The information presented shall follow the General Requirements for Informed Consent as cited in the Code of Federal Regulations 45 CFR 46.116, Department of Health and Human Services, National Institute of Health, Office for Protection from Research Risks: "Protection of Human Subjects". YES___NO___

Each program seeks the written, informed consent of the consumer/ personal representative for participation in research or experimental procedures. Information is presented in a non-threatening environment and in language appropriate to the consumer's condition and ability to understand. YES___NO___

The consumer/ personal representative may withdraw or withhold consent at any time. YES___NO___

The consumer's/ personal representative's withdrawal of consent to participate in an experimental or research project will not be used in a coercive or retaliative manner against the consumer. YES___NO___

EVERY CONSUMER SHALL HAVE THE RIGHT TO BE FREE FROM PHYSICAL, VERBAL, SEXUAL, OR PSYCHOLOGICAL ABUSE, EXPLOITATION, COERCION, REPRISAL, INTIMIDATION, OR NEGLECT.

.11 To be protected from harm including any form of abuse, neglect, or mistreatment.

MEASUREMENT CRITERIA:

Without regard to competency or legal restrictions, each program affords every consumer the same dignity and respect afforded other individuals of society.

Consumers shall receive treatment and care in an environment which is safe, humane, and free from physical, verbal, sexual or psychological abuse, exploitation, coercion, reprisal, intimidation, or neglect. YES___NO___

Each program actively investigates and maintains investigation documentation for any suspected abuse and/or neglect of consumers. YES___NO___

Acts or alleged acts which are applicable under state and local laws are reported for investigation and/or disciplinary action. YES___NO___

Each program provides each staff upon employment or promptly thereafter a written policy statement regarding abuse and neglect. The statement is prominently displayed and available in the program or facility. YES___NO___

Each day and residential program employs sufficient numbers of qualified staff in accordance with approved program descriptions to protect consumers from abuse and neglect. YES___NO___

Each program provides training for all staff on abuse and neglect and on all state laws pertaining to abuse and neglect. Training is required for all new employees

prior to working alone with consumers and for everyone on an annual basis. YES___NO___

Each program will inform the personal representative of a minor of all special incidents verbally and in writing as documented in the consumers file with the time and number called and the letter is sent the next business day after the incident. YES___NO___

IN RESIDENTIAL OR INPATIENT PROGRAMS, EVERY CONSUMER SHALL HAVE THE RIGHT TO HAVE ACCESS TO AND PRIVACY OF MAIL, TELEPHONE COMMUNICATIONS, AND VISITORS, UNLESS LEGALLY RESTRICTED.

.12 To have access to and privacy of mail, telephone communications, and visitors for all consumers in residential or inpatient programs, unless legally restricted.

MEASUREMENT CRITERIA:

Unless contraindicated for therapeutic or security reasons, each program has in place procedures affording consumers privacy in receiving visitors, receiving or sending communications by sealed mail, direct contact and telephone communications with persons both inside and outside the facility or program (YES___NO___). Every consumer is allowed visitation and opportunity for private conversation with members of his/her family, friends, and significant others. Visitations/conversations are permitted at reasonable times (YES___NO___). Do consumers who are deaf or hard of hearing have ready access to a TTY in order to receive and make telephone calls (YES___NO___)? Consumers are allowed to send and receive mail without hindrance (YES___NO___). Consumers are provided adequate opportunities for interaction with members of the opposite sex. Specific interactions may be prohibited by the rules of the program and/or state/local laws (YES___NO___). No restrictions are imposed by the program which would prohibit the consumer from communicating with advocacy officials, the court which ordered confinement, or the consumer's legal counsel, family or significant others, or personal physician, unless legally restricted (YES___NO___).

EVERY CONSUMER SHALL HAVE THE RIGHT TO HAVE ACCESS TO COURTS AND ATTORNEYS.

.13 Every consumer to have access to courts and attorneys.

MEASUREMENT CRITERIA:

Attorneys and/or court representatives are allowed to visit privately and communicate with consumers at reasonable times. YES___NO___

EVERY CONSUMER HAS THE RIGHT TO ENFORCE RIGHTS IN A COURT OF COMPETENT JURISDICTION OR APPROPRIATE ADMINISTRATIVE PROCEEDING.

- .14 Providers of services will recognize the rights of consumers to enforce rights through courts or appropriate administrative proceedings. Consumers will not be penalized for exercising such rights.**

MEASUREMENT CRITERIA:

Without regard to competency or legal restrictions, every consumer has the right to access courts, retain legal counsel, or pursue administrative remedies (YES___NO___). Unless a legal determination of incompetence has been made, every consumer is free to access courts, attorneys, and administrative procedures, execute instruments, dispose of property, marry and divorce or to participate in those activities generally requiring legal representation, without fear of reprisal, interference, or coercion (YES___NO___).

CONSUMERS WHO ARE LEGALLY COMMITTED TO FACILITIES OR PROGRAMS SHALL HAVE THE RIGHT TO BE INFORMED OF ONE'S COMMITMENT STATUS INCLUDING THE REQUIREMENTS OF THE COMMITMENT, IF ANY, AND THE LENGTH OF THE COMMITMENT. IF THE CONSUMER HAS A PERSONAL REPRESENTATIVE, THE PERSONAL REPRESENTATIVE HAS THE RIGHT TO BE INFORMED.

- .15 For consumers legally committed or recommitted to facilities or programs, to be informed of their commitment status, including the requirements of the commitment, if any, and the length of the commitment.**

MEASUREMENT CRITERIA:

Promptly upon admission, each program or facility provides each legally committed consumer a concise written statement describing his/her commitment status, the requirements of the commitment, and the length of the commitment. YES___NO___

Information regarding consumer rights complaint and appeal procedures relative to legal commitment is made available to consumers in the language they prefer and in terms appropriate for them to understand. YES___NO___

FOR THOSE INDIVIDUALS LEGALLY COMMITTED TO MENTAL HEALTH SERVICES OPERATED BY THE STATE OF ALABAMA OR COMMUNITY OR REGIONAL MENTAL HEALTH CENTERS, CONSUMERS SHALL HAVE THE RIGHT TO INCLUSION IN THE COMMUNITY WITH APPROPRIATE AND ADEQUATE SUPPORTS, ON COMPLETION OF OR IN CONJUNCTION WITH THE TERMS OF COMMITMENTS.

- .16 For consumers legally committed to mental health services, to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment.**

MEASUREMENT CRITERIA:

No consumer is presumed mentally incompetent or denied the right to manage his/her financial or personal affairs or exercise all other rights guaranteed persons of society solely by reason of his/her having received mental health services, unless legally determined otherwise. YES___NO___

Prior to discharge, the program develops, with the active participation of the consumer, a discharge/transition plan which includes referral to community support services necessary and available to ensure the consumer's successful transition into the community setting. YES___NO___

Each consumer and, with the consumer's permission, his/her family members or significant other, are invited to actively participate in discharge and transition planning. All information is presented in written form to the consumer in language and terms appropriate for the consumer to understand. YES___NO___

If the consumer has difficulty reading English, it shall also be presented in the language the consumer prefers and in terms the consumer can understand. YES___NO___

Each program assists the consumer in his/her return to full inclusion in the community by identifying and/or assisting the consumer in procuring needed services that assist the consumer in his/her reintegration into the community. YES___NO___

EVERY CONSUMER SHALL HAVE THE RIGHT TO BE ACCORDED HUMAN RESPECT AND DIGNITY ON AN INDIVIDUAL BASIS IN A CONSISTENTLY HUMANE FASHION.

- .17 To be accorded human respect and dignity on an individual basis in a consistently humane fashion.**

MEASUREMENT CRITERIA:

Without regard to competency or legal restrictions, each program affords every consumer the same dignity and respect afforded other individuals. YES___NO___

Treatment and care are provided to each consumer in an environment which is safe, humane, and free from all physical, verbal, sexual or psychological abuse, exploitation, coercion, reprisal, intimidation, or neglect. YES___NO___

Treatment and care are provided to each consumer in a linguistically and culturally appropriate manner. YES___NO___

THE RIGHT TO REFUSE MENTAL HEALTH SERVICES WITHOUT REPRISAL, EXCEPT WHEN REFUSALS ARE NOT PERMITTED UNDER APPLICABLE LAW.

- .18 To refuse mental health services without reprisal except when refusals are not permitted under applicable law.**

MEASUREMENT CRITERIA:

No program forces consumers to accept or submit to mental health treatment except as is permitted under applicable law. YES___NO___

Consumers are, without fear of reprisal, able to refuse mental health treatment, except when refusals are not permitted under applicable law. Such refusal of mental health treatment shall be documented in the consumer's record. YES___NO___

EVERY CONSUMER/PERSONAL REPRESENTATIVE SHALL HAVE THE RIGHT TO BE INFORMED OF THE MEANS FOR ACCESSING ADVOCATES, OMBUDSPERSONS, OR RIGHTS PROTECTION SERVICES WITHIN THE PROGRAM AND, AS APPLICABLE, THE STATE OF ALABAMA MENTAL HEALTH SYSTEM, THE ALABAMA DEPARTMENT OF HUMAN RESOURCES, THE FEDERAL ADVOCACY SYSTEM, AND OTHER ADVOCACY SERVICES.

- .19 To be informed of the means for accessing advocates, an ombudsman, or rights protection services within the program and, as applicable, the State of Alabama Mental Health System, the Alabama Department of Human Resources, the federal advocacy system, and other advocacy services.**

MEASUREMENT CRITERIA:

Upon admission, or as soon thereafter as the condition of the consumer permits, the program provides every consumer or personal representative, if applicable, information on procedures for accessing a DMH advocate and a protection and advocacy representative and consumer and family advocacy groups, (YES___NO___). All information regarding protection and advocacy services is prominently displayed (YES___NO___). Without fear of restraint, coercion, interference, discrimination, reprisal or threat of discharge, consumers and others acting on their behalf are free to access available protection and advocacy services (YES___NO___).

EVERY CONSUMER SHALL HAVE THE RIGHT TO BE FREE FROM SECLUSION, RESTRAINTS, DRUGS, OR OTHER INTERVENTIONS ADMINISTERED FOR PURPOSES OF PUNISHMENT, DISCIPLINE, OR STAFF CONVENIENCE.

- .20 To be free from seclusion, restraint, drugs, or other interventions administered for purposes of punishment, discipline, or staff convenience.**

MEASUREMENT CRITERIA:

Any instances of seclusion/restraint comply with Sections 3500 or 3600. YES___NO___

Administration of drugs other than those regularly prescribed clearly documents the reasons. YES___NO___

There is no evidence that the reasons for administration of non-routine drugs were punishment, discipline, or staff convenience. YES___NO___

There is no written or verbal evidence that any other type of intervention has been used for purposes of punishment, discipline, or staff convenience. YES___NO___

IN RESIDENTIAL OR INPATIENT PROGRAMS OPERATED OR CERTIFIED BY THE STATE OF ALABAMA, EVERY CONSUMER SHALL HAVE THE RIGHT TO ADEQUATE FOOD AND SHELTER.

- .21 For consumers in residential or inpatient programs, to be provided a well-balanced diet that meets his/her daily nutritional and special dietary needs and to be provided adequate shelter.**

MEASUREMENT CRITERIA:

Each program provides consumers with safe and humane physical and psychological environment(s) in accordance with applicable federal and state laws and DMH/MR standards of certification and licensure. YES___NO___

Each program provides safety precautions to promote the individual welfare of all consumers (YES___NO___). The environment shall at a minimum provide:

- 1. Comfortable sleeping and living areas YES___NO___*
- 2. Clean and private bathroom facilities YES___NO___*
- 3. Attractive and adequately furnished visiting and living rooms YES___NO___*
- 4. Clean and comfortable dining facilities YES___NO___*
- 5. Facilities and equipment for laundering services YES___NO___*
- 6. Clean and odor free environment YES___NO___*
- 7. Safe and sturdy furnishings in good repair YES___NO___*
- 8. Adequate provisions for smoking and/or non-smoking preference YES___NO___*
- 9. Adequate and decorative room décor YES___NO___*
- 10. Space, facilities, and materials for leisure time and recreational activities YES___NO___*

Each program ensures regular housekeeping and maintenance to assure safe and clean conditions throughout the facility or program. YES___NO___

Each consumer is provided a well-balanced diet that meets his/her daily nutritional and special dietary needs. YES___NO___

Unless contraindicated for therapeutic or security purposes, consumers are allowed regular access to the outdoors. YES___NO___

The consumer's personal health and hygiene needs are recognized and addressed in a safe and humane manner. YES___NO___

IN RESIDENTIAL OR INPATIENT PROGRAMS, OPERATED OR CERTIFIED BY THE STATE OF ALABAMA, EVERY CONSUMER SHALL HAVE THE RIGHT TO ACCESS DENTAL AND MEDICAL CARE, INCLUDING VISION AND HEARING SERVICES.

- .22 For consumers in residential or inpatient programs, to be assisted in obtaining access to dental and medical care, including vision and hearing services.**

MEASUREMENT CRITERIA:

In addition to treatment for mental disorders, every consumer is provided assistance in accessing prompt and adequate medical and dental treatment for conditions that are life-threatening. YES___NO___

Consumers are referred to other health and/or dental services as deemed necessary by the qualified staff. YES___NO___

No program prohibits a consumer from accessing dental or medical services of his/her choice. Such should not be construed to be an obligation for the program to provide/pay for such services. YES___NO___

- 3202 Consumers are advised whenever special equipment, such as two-way mirrors, cameras, etc., is used. A written, informed consent must be signed by the consumer when used in non-emergency situations.**

MEASUREMENT CRITERIA:

There is a written policy requiring that a written consent be signed by a consumer prior to using special equipment, as two way mirrors, cameras, etc.

YES___NO___

Consumer records document that the required written consent was obtained prior to using the specialized equipment outlined above. YES___NO___

- 3203 Allegations or suspected incidents of physical, verbal, sexual, or psychological abuse, neglect, or exploitation, coercion, reprisal, or intimidation of consumers, regardless of age, being served in the program must be reported in the following manner**

- .1 Where the alleged perpetrator is an employee or other person working in the program:**

- a. to the Department of Human Resources in accordance with applicable statutory requirements.**
- b. to law enforcement if criminal behavior is involved.**
- c. to the Mental Illness Division Performance Improvement Office in accordance with published reporting procedures.**

- .2 Where both the perpetrator and the victim are consumers, reports shall be made to the parties listed in .1 above as appropriate if it is the judgement of the Executive Director that the incident may have been the result of neglect.**

MEASUREMENT CRITERIA:

The program reports to DMH/MR in accordance with published procedures (YES___NO___). If any incidents that should be reported to DHR, law

enforcement, or personal representative were noted in the record, did the program report to the appropriate body (YES___NO___)?

EVERY CONSUMER SHALL HAVE THE RIGHT TO CONDITIONS OF MENTAL HEALTH SERVICES WHICH ARE SUPPORTIVE OF EACH CONSUMER'S PERSONAL LIBERTY AND RESTRICT LIBERTY ONLY TO THE EXTENT NECESSARY, CONSISTENT WITH EACH CONSUMER'S TREATMENT NEEDS, APPLICABLE REQUIREMENTS OF LAW, AND APPLICABLE JUDICIAL ORDERS.

3204 Each consumer's personal liberty must be respected to the fullest extent possible. Liberty and/or rights must not be abridged unless the qualified staff documents a specific, clinical need to do so, consistent with treatment needs, applicable requirements of law, applicable judicial orders, and the rights of others.

MEASUREMENT CRITERIA:

Each consumer is afforded treatment and care in the least restrictive conditions necessary and available while receiving care and treatment in the program.

YES___NO___

Each program ensures that all staff employ the least restrictive means and conditions of treatment necessary and available to meet the consumer's needs.

YES___NO___

3205 Consumers of mental health services have the same general rights as other citizens of Alabama. A provider of mental health services should assure that such rights are not abridged by the provider's policies, procedure, or practices. These rights include but are not limited to the following:

- .1 The right to exercise rights as a citizen of the United States and the State of Alabama.**
- .2 The right to be served through general services available to all citizens.**
- .3 The right to choose to live, work, be educated, and recreate with persons who do not have disabilities.**
- .4 The right to be presumed competent until a court of competent jurisdiction, abiding by statutory and constitutional provisions, determines otherwise.**
- .5 The right to vote and otherwise participate in the political process.**
- .6 The right to free exercise of religion.**
- .7 The right to own and possess real and personal property. Nothing in this section shall affect existing laws pertaining to conveyance of personal property.**
- .8 The right to make contracts.**
- .9 The right to obtain a drivers license on the same basis as other citizens.**
- .10 The right to social interaction with members of either sex.**
- .11 The right to marry and divorce.**
- .12 The right to be paid the value of work performed.**

.13 The right to exercise rights without reprisal.

MEASUREMENT CRITERIA:

The provider's policies, procedures, and practices support the above rights and do not abridge these rights. YES___NO___

3300 QUALITY ASSURANCE

3301 The provider shall operate and maintain a Performance Improvement (PI) System that is designed to identify and assess important processes and outcomes, to correct and follow-up on problems, to improve the quality of services provided, and to improve consumer and family satisfaction with services provided. The PI System shall provide meaningful opportunities for input concerning the operation and improvement of services from consumers, family members, consumer groups, advocacy organizations, and advocates.

The PI System shall be described in writing and shall include, at a minimum, the following characteristics:

- .1 Identifies and covers all program service areas and functions including subcontracted consumer services.**
- .2 Is reviewed and approved by the Board of Directors/Governing Body at least every two years and when revisions are made.**
- .3 Outlines the provider's mission related to Performance Improvement.**
- .4 Contains the provider's goals and objectives related to Performance Improvement.**
- .5 Defines the organization of PI activities and the person(s) responsible for coordinating the PI System.**
- .6 Defines the methodology for the assessment, evaluation, and implementation of improvement strategies for important processes and outcomes.**
- .7 Specifies the manner in which communication of Performance Improvement findings and recommendations for all six PI components is done at the governing body, clinical and administrative supervisory levels, and staff levels and the manner in which it is documented.**
- .8 At a minimum, identifies and monitors important processes and outcomes for the six components of Quality Assurance, Quality Improvement, Incident Prevention and Management, Utilization Review, Consumer and Family Satisfaction, and Review of Treatment Plans consistent with how they are defined in Standards 3302-3307 below.**
- .9 Specifies that the agency will participate in all required performance indicators and Quality Improvement Reporting requirements as specified by the DMH/MR Mental Illness Performance Improvement Committee.**

MEASUREMENT CRITERIA:

The current PI plan is written (YES___NO___), approved initially by the Board/Governing Body (YES___NO___), is reviewed/updated at least every two

years (YES___NO___NA___), is approved by the Board every two years (YES___NO___NA___) or as revised (YES___NO___NA___).

The plan includes all required elements. YES___NO___

If NO, list the elements that are missing: _____

The plan is implemented as written. YES___NO___

There is clear communication of PI findings and recommendations to the Governing Body (YES___NO___), clinical and administrative supervisory level (YES___NO___), and staff levels (YES___NO___) via Board minutes, PI minutes, staff meetings, or other types of documentation.

3302 The PI Plan and System should demonstrate the following characteristics:

- .1 The agency ensures that the person (s) responsible for coordinating the agency's PI System attend a DMH/MR sponsored PI Training Workshop.**
- .2 Includes evidence of cross-departmental and cross-discipline staff input from all levels of the agency regarding the selection of QI indicators to be monitored and improvement activities to be implemented.**
- .3 Includes evidence of consumer and family member input regarding the selection of QI indicators to be monitored and improvement activities to be implemented.**
- .4 Where applicable, ensures that the manner of data collection assures consumer/family member confidentiality.**

MEASUREMENT CRITERIA:

There is documentary evidence that the PI coordinator received DMH/MR PI training (YES___NO___). Input relative to selecting QI indicators and improvement activities from all departments and all disciplines is documented (YES___NO___). If YES, in what manner? _____

If NO, what is deficient? _____

Input from consumers and family members relative to selecting QI indicators and improvement activities is documented (YES___NO___). If YES, in what manner? _____ If NO, what is deficient? _____

Specify the manner in which consumer and family confidentiality during data collection is protected: _____

3303 The Quality Assurance component of the PI System shall, at a minimum, include the following :

- .1 Includes and describes a process for periodic and timely review of any deficiencies, requirements, and Quality Improvement suggestions from DMH/MR Certification site visits, Advocacy visits,**

and/or from other pertinent regulatory, accrediting, or licensing bodies. This shall include a specific mechanism for the development, implementation, and evaluation of the effectiveness of Action Plans designed to correct deficiencies and to prevent reoccurrence of deficiencies cited.

- .2 Includes and describes a process for conducting an administrative review of consumer records six months after opening and at closure to determine that all documentation required by these standards and agency policy/procedure is present, complete, and accurate.
- .3 There shall be a review of aggregate findings from the administrative review of consumer records at least annually with recommendations and actions taken for improvement as indicated by the data.

MEASUREMENT CRITERIA:

The process for review of regulatory findings is described (YES___NO___) and implemented (YES___NO___). The development and effectiveness of Action Plans is evaluated (YES___NO___).

Administrative record reviews are conducted on the required schedule (YES___NO___), on all active records (YES___NO___), at closure of all records (YES___NO___), and the findings are compiled and are available for review (YES___NO___). Clinical record reviews are conducted on a sample of records of all direct service staff (YES___NO___), at the required interval (YES___NO___), and the findings are compiled and are available for review (YES___NO___).

The aggregate findings from the administrative and clinical record reviews are reviewed each year (YES___NO___). There is evidence that appropriate actions were taken in response to findings (YES___NO___). List some of the recommended actions resulting from this review: _____

There is documented evidence that pertinent findings are communicated to the Governing Body (YES___NO___), clinical/administrative supervisory staff (YES___NO___), and staff level employees (YES___NO___). There is evidence that appropriate actions were taken in response to findings (YES___NO___).

- 3304 The Quality Improvement component of the PI System shall, at a minimum, include indicators to be monitored including any MI System level performance measures as specified by the DMH/MR MI Performance Improvement Committee. The Plan should specify frequency of monitoring for each indicator and the period of time that monitoring will continue after goal attainment is achieved.**

MEASUREMENT CRITERIA:

The agency can produce data relative to monitoring the system level indicators. YES___NO___

There is documented evidence that pertinent findings are communicated to the Governing Body (YES___NO___), clinical/administrative supervisory staff (YES___NO___), and staff level employees (YES___NO___). There is evidence that appropriate actions were taken in response to findings. YES___NO___
The Plan specifies frequency of monitoring for each indicator . YES___NO___
The Plan specifies the period that monitoring will continue after goal attainment is achieved. YES___NO___
The Plan has been implemented as written. YES___NO___

3305 The Incident Prevention and Management System component of the PI System shall include, at a minimum, the following:

.1 IDENTIFICATION AND REPORTING OF SPECIAL INCIDENTS

- (a) Includes policies and procedures that identify special incidents involving consumers and that outline reporting requirements and procedures.**
- (b) Includes written policies and procedures that require that all Special Incidents involving consumers that occur in the provider's 24-hour care, in subcontracted care certified by DMH/MR, on the provider's premises (any location with a DMH/MR certificate), and/or while involved in an event supervised by the Provider shall be reported in accordance with written procedures published by the DMH/MR. Mandatory reporting items include death or major injury to a consumer, elopement of consumers who live in a residential program under a commitment/court order, suicide attempts, suicides (without regard to the location of the consumer), suspected sexual assault, and any allegation of physical abuse, sexual abuse, neglect, exploitation, mistreatment, or verbal abuse as defined by DMH/MR Policy. All abuse/neglect allegations involving staff members of the provider are reportable regardless of where the abuse/neglect was alleged to have occurred.**
- (c) Serious Special Incidents, as defined by DMH/MR published procedures, are reported to the DMH/MR within 24 hours of occurrence.**
- (d) Incidents that are judged by the Executive Director to be severe in nature, scope, or consequences to the consumer or the agency in addition to those defined above should be reported to the Director, Office of Community Programs, as soon as possible, but no later than 24 hours of occurrence utilizing the DMH/MR published reporting procedures.**

.2 INVESTIGATION/REVIEW OF SPECIAL INCIDENTS

- (a) Includes policies and procedures for investigating and correcting special incidents involving consumers. The agency shall conduct, or cause to be conducted, timely and adequate investigations of and responses to Special Incidents involving consumers.
- (b) Investigations must occur immediately after their reported occurrence and such investigations shall be completed within 30 days of their initiation.
- (c) Investigations shall follow minimum protocols as specified in DMH/MR published procedures.
- (d) Agency staff members responsible for conducting/supervising investigations shall attend a DMH/MR Special Incident Investigation Training Workshop at least every two years.

.3 PI REVIEW OF SPECIAL INCIDENT DATA

- (a) Includes and describes a process for the timely and appropriate review of special incident data at least quarterly via the PI System. Such reviews shall focus on the identification of trends and actions taken to reduce risks and to improve the safety of the environment of care for consumers, families, and staff members.
- (b) Findings and recommendations from the quarterly Special Incident reviews shall be reported at least quarterly to the executive and clinical leaders including the Board of Director/ Governing Body.
- (c) Pertinent data regarding improvement strategies shall be communicated to staff level employees.

MEASUREMENT CRITERIA:

Identification and Reporting of Special Incidents

There are written policies and procedures that conform to the requirements (YES___NO___). If NO, list the deficiencies: _____

The reports submitted indicate that the provider followed the required protocol both for correct timing of reports (YES___NO___) and for correct classification of incidents (YES___NO___).

Investigation/Review of Special Incidents

There is documentary evidence that the coordinator of investigations attended the DMH/MR investigation training (YES___NO___). The written policies and procedures conform to the requirements (YES___NO___). If NO, list the deficiencies: _____

Review of investigation reports indicates that the process conforms to requirements relative to timely initiation (YES___NO___), completion within 30 days (YES___NO___), and investigation protocol followed (YES___NO___).

PI Review of Special Incident Data

There are written procedures relative to quarterly review of special incident data. YES___NO___ The reviews are documented (YES___NO___) and indicate that the review focused on reducing risks and increasing safety (YES___NO___).

There is documented evidence that pertinent findings are communicated to the Governing Body (YES___NO___), clinical/administrative supervisory staff (YES___NO___), and staff level employees (YES___NO___). There is evidence that appropriate actions were taken in response to findings (YES___NO___).

3306 The Consumer and Family Satisfaction component of the PI System shall include tools to assess the satisfaction of consumers and families with services provided and to obtain input from consumers and their families regarding factors which impact the care and treatment of consumers. This component shall include at a minimum the following characteristics:

- .1 A description of the mechanism for obtaining consumer input regarding satisfaction with service delivery and outcomes.**
- .2 A description of the mechanisms for obtaining family member input regarding satisfaction with service delivery and outcomes for consumers**
- .3 A description of the mechanism for obtaining input from consumer and family members when either are deaf, limited English proficient, or illiterate.**
- .4 A description of the mechanism for assessing consumer quality of life.**
- .5 A periodic review (at least annually) of data collected via the tools as described in Standards 3306.1, .2, and .3 above.**
- .6 A periodic review (at least annually) of the complaints/grievances filed according to the process required in Standard 3201.6.**
- .7 Identification of agency specific performance indicators for consumer and family satisfaction.**
- .8 Specification that the agency shall participate in System Level activities (including the use of DMH/MR sanctioned External Monitoring) to assess and to identify actions for improvement.**

MEASUREMENT CRITERIA:

The written procedures include all required elements (YES___NO___). If NO, list any deficiencies: _____

The agency participates in system level activities (YES___NO___). There are _____.

agency specific performance indicators for consumer and family satisfaction (YES___NO___).

The required annual reviews are documented (YES___NO___). There is evidence of action taken in response to the required reviews (YES___NO___).

There is documented evidence that pertinent findings are communicated to the Governing Body (YES___NO___), clinical/administrative supervisory staff (YES___NO___), and staff level employees (YES___NO___). There is evidence that appropriate actions were taken in response to findings (YES___NO___).

3307 The Utilization Review (UR) component of the PI system shall include the following:

- .1 The agency shall perform at least quarterly reviews of the findings from the UR monitor for all residential programs. At a minimum, this review will assess the agency's compliance with LOS expectations and will determine and implement actions to improve performance when variations in LOS expectations occur.**
- .2 The agency shall review at least annually a representative sample in each certified program to assess the appropriateness of admission to that program relative to published admission criteria.**

MEASUREMENT CRITERIA:

Quarterly reviews of the residential UR data were conducted (YES___NO___), the compliance with LOS expectations was assessed (YES___NO___), and actions were implemented if expectations were not met (YES___NO___).

Reviews were done on a representative sample in each program area (YES___NO___) to assess appropriateness of admission relative to published admission criteria (YES___NO___).

There is documented evidence that pertinent findings are communicated to the Governing Body (YES___NO___), clinical/administrative supervisory staff (YES___NO___), and staff level employees (YES___NO___). There is evidence that appropriate actions were taken in response to findings (YES___NO___).

3308 The Review of Treatment Plan component of the PI system includes a process for an ongoing review of the treatment planning process to include the implementation of treatment services to ensure adequacy and appropriateness of the process and of the treatment received by each individual. The treatment plan review component shall include, at a minimum, the following characteristics:

- .1 A description of the process for conducting a clinical review of a sample of all direct service staff records every 12 months to determine that the case has been properly managed. The review shall include an assessment of the following:**
 - (a) Treatment plan timely**

- (b) Treatment plan appropriate
 - (c) Documentation of services is related to the treatment plan
 - (d) Collaterals involved as needed, including linguistic support services for people who are deaf or limited English proficient.
 - (e) Treatment plan modified (if needed)
- .2 An aggregate review of clinical review findings (from Standard 3308.1 above) at least annually to assess trends and patterns and to determine actions for improvement based on findings.

MEASUREMENT CRITERIA:

The review is conducted for all direct care staff (YES___NO___) at least every 12months (YES___NO___). The review findings reveal that all required elements of the review were present (YES___NO___).

If NO, list the deficiencies: _____

There is an annual review of the clinical review findings. YES___NO___

There is evidence that actions were taken based on the findings. YES___NO___

There is documented evidence that pertinent findings are communicated to the Governing Body (YES___NO___), clinical/administrative supervisory staff (YES___NO___), and staff level employees (YES___NO___). There is evidence that appropriate actions were taken in response to findings (YES___NO___).

3400 CONSUMER RECORDS

- 3401 A case file must be established for each consumer admitted to the provider.**

MEASUREMENT CRITERION:

There is only one case record for each consumer admitted to the provider that includes both clinical and case management documentation. YES___NO___

- 3402 If the consumer is involved in more than one program, ready access to consumer information necessary for the safety of the consumer, obtaining emergency medical attention, and coordination of services across programs shall be assured.**

MEASUREMENT CRITERION:

There is adequate provision to assure access to required information. YES___NO___

- 3403 The provider must maintain a system that provides for the control/location of all case files.**

MEASUREMENT CRITERION:

There is a policy/procedure that describes the system for control/location of consumer files. YES___NO___

- 3404 The provider must establish a system to secure consumer records from unauthorized access.**

MEASUREMENT CRITERION:

Consumer records must be stored in a room that is locked when not supervised (YES___NO___) and records are in locked files (YES___NO___).

- 3405 There shall be a staff member responsible for the storage and protection of consumer records in each location where records are stored.**

MEASUREMENT CRITERION:

The job descriptions document that a specific staff member is assigned the responsibility for protection of consumer records. YES___NO___

- 3406 All entries and forms completed by the service provider in the consumer record shall be dated and signed with name and credentials/position. The entries shall be made in ink and be legible.**

MEASUREMENT CRITERIA:

Entries are:

Signed YES___NO___

Dated YES___NO___

With ink YES___NO___

Legible YES___NO___

Corrections are made by lining through and initialing correction (YES___NO___).

Corrections are not made using white-out (YES___NO___).

3407 Following the completion of Intake and assignment for treatment, the following information, if available, shall be recorded in the consumer record:

.1 Consumer identifying data including:

- (a) **Case number** YES___NO___
- (b) **Consumer name** YES___NO___
- (c) **Date of birth** YES___NO___
- (d) **Sex** YES___NO___
- (e) **Race/ethnic background** YES___NO___
- (f) **Home address** YES___NO___
- (g) **Home telephone number** YES___NO___
- (h) **Next of kin or person to be contacted in case of emergency**
YES___NO___
- (i) **Marital status** YES___NO___
- (j) **Social security number** YES___NO___
- (k) **Referral source** YES___NO___
- (l) **Reason for referral** YES___NO___
- (m) **Date of admission to the program** YES___NO___
- (n) **Admission type (new, readmission)** YES___NO___
- (o) **Special needs requiring support such as mobility impairments, limited English proficiency, hard of hearing/deaf, and vision impairments**

.2 Documentation of the Intake must include information as appropriate from among the following:

- (a) **Family history** YES___NO___
- (b) **Educational history** YES___NO___
- (c) **Relevant medical background** YES___NO___
- (d) **Employment/vocational history** YES___NO___
- (e) **Psychological/psychiatric treatment history** YES___NO___
- (f) **Military history** YES___NO___
- (g) **Legal history** YES___NO___
- (h) **Alcohol/drug abuse history** YES___NO___
- (i) **Mental status examination** YES___NO___

- .3 Assignment of a diagnosis (the latest DSM version) substantiated by an adequate diagnostic data base and, when indicated, a report of a medical examination. The diagnosis must be signed by a medical doctor or a licensed psychologist. A consumer unknown to the provider must be seen face-to-face by a psychiatrist in order to establish/confirm a diagnosis prior to writing a prescription for psychotropic medication, except in the cases of a documented emergency. YES___NO___**
- .4 A description/summarization of the significant problem(s) that the consumer is experiencing, including those that are to be treated and those that impact upon treatment. YES___NO___**
- .5 A description of how linguistic support services will be provided to consumers who are deaf or have limited English proficiency. YES___NO___**
- .6 A written treatment plan that includes clinical issues and expected processes/outcomes completed by the fifth outpatient visit with the primary therapist or within 10 working days after admission in day treatment and residential programs. YES___NO___**
- .7 A treatment plan that:**
- (a) Identifies the clinical issues that will be the focus of treatment. YES___NO___**
 - (b) Specifies services necessary to meet the consumer needs, including linguistic support services for people who are deaf or limited English proficient. YES___NO___**
 - (c) Includes referrals as appropriate for needed services not provided directly by the provider. YES___NO___**
 - (d) Identifies measurable expected processes/outcomes toward which the consumer and therapist will be working to impact on the specific clinical issues. YES___NO___**
 - (e) Is approved in writing by a licensed physician, licensed psychologist, licensed certified social worker, licensed marriage and family therapist, a registered nurse with a master's degree in psychiatric nursing, or a licensed professional counselor. YES___NO___**

EVERY CONSUMER SHALL HAVE THE RIGHT TO PARTICIPATE IN THE TREATMENT PLANNING PROCESS, WITH MATERIAL INVOLVED IN THE PROCESS PRESENTED IN LANGUAGE APPROPRIATE TO THE CONSUMER'S ABILITY TO UNDERSTAND.

- .8 Each consumer and significant other (with the consumer's consent) are invited to actively participate in the formulation and modification**

of the individual treatment plan. The treatment planning process includes the consumer's signature/mark on the treatment plan to document the consumer's participation in developing or revising the plan, unless clinically contra-indicated. If the consumer agrees to involve significant others in the treatment planning process, a HIPAA compliant authorization for release of information for that party(ies) is (are) signed by the consumer.

MEASUREMENT CRITERIA:

Each program invites each consumer, and with the consumer's consent, family member or significant other, to actively participate in the formulation and modification of the individual treatment plan. YES___NO___

The participation of the family member or significant other shall be permitted with the informed consent of the consumer. YES___NO___

Each program shall provide the consumer the identity and professional status of all professionals providing service to him/her. YES___NO___

Each program shall provide the consumer information regarding his/her treatment in the language the consumer prefers and in terms appropriate to the consumer's condition and ability to understand. YES___NO___

The consumer signs/marks the treatment plan unless clinically contra-indicated and so documented. YES___NO___

- .9 Written assessments of the consumer's progress in relation to the Treatment Plan:**
- (a) For each outpatient contact. YES___NO___ NA___**
 - (b) For residential and Rehabilitative Day Program consumers every two weeks. YES___NO___ NA___**
 - (c) For Partial Hospitalization, each service delivered should be documented every day. YES___NO___ NA___**
 - (d) For Intensive Day Treatment and Child and Adolescent Day Treatment on a weekly basis written or co-signed by the program coordinator/primary therapist. A daily attendance record listing the activities scheduled and attended for each consumer will be maintained in each consumer's record. YES___NO___ NA___**
 - (e) For Rehabilitative Day Programs every two (2) weeks written by a program staff member and co-signed by the program coordinator/case responsible staff member with equivalent credentials. A daily attendance record listing the activities scheduled and attended for each consumer will be maintained in each consumer's record. YES___NO___ NA___**
- .10 Residential and day treatment consumers' treatment plans that are reviewed and updated at three month intervals or earlier if needed. YES___NO___ NA___**

- .11 Outpatient consumer treatment plans that are reviewed and updated every 12 months. YES___NO___ NA___**
- .12 A medication chart containing a profile of all medication reported by the consumer at intake and an ongoing account of all medications. The chart must contain all of the following information:**
- (a) both psychotropic and non-psychotropic medications,**
 - (b) both medications prescribed by the providers and by other practitioners,**
 - (c) non-prescription (medication),**
 - (d) for each category (provider-prescribed, other-prescribed, non-prescription) either a listing of medication or the notation of “none”, and**
 - (e) periodic updates at the frequency defined by the provider’s written policy.**

MEASUREMENT CRITERIA:

There is a written policy (YES___NO___) that specifies the frequency of updates to the medication chart (YES___NO___). The charts contain the required information (YES___NO___) at the required frequency (YES___NO___).

- .13 For medications prescribed by the provider: the name, strength and dosage of the drugs, the date prescribed, the date refilled, the number of refills permitted and the prescribing physician’s name. YES___NO___**
- .14 At discharge or 90 days after receipt of last service, documentation that was completed within 15 days which specifies the status of the case. YES___NO___ NA___**
- .15 A written authorization for disclosure covering each instance in which information concerning the identity of, diagnosis, prognosis, treatment, or case management of the consumer is disclosed. YES___NO___**
- Each authorization for disclosure must contain all of the following information:**
- (a) The name of the program that is to make the disclosure. YES___NO___**
 - (b) The name or title of the person to whom, or organization to which disclosure is to be made. YES___NO___**
 - (c) The full name of the consumer. YES___NO___**
 - (d) The specific purpose or need for the disclosure. YES___NO___**
 - (e) The extent and/or nature of information to be disclosed. YES___NO___**

- (f) A statement that the authorization is subject to revocation by the consumer or his agent at any time except to the extent that action has been taken in reliance thereon. (In the case of those individuals whose release from confinement, probation or parole is conditioned upon his/her participation in a treatment program, the authorization may not be revoked.) YES___NO___
 - (g) A specification of the date, event, or condition (no more than two years away as long as the original purpose/need still exists) upon which the authorization will expire without express revocation. YES___NO___
 - (h) The date on which the authorization is signed. YES___NO___
 - (i) The signature of the consumer (or agent if applicable). There should be two (2) witnesses to the consumer's signature if the consumer signs with a mark (e.g. signs with an "X") or if consent is given by telephone. When authorization is given by telephone, the consumer's actual signature is obtained at the earliest opportunity. YES___NO___
 - (j) Documentation that authorization was obtained through interpretation or translation when the consumer is deaf or limited English proficient. YES___NO___
- .16 A consent for follow-up form which authorizes contact for up to one year after case closure. YES___NO___ NA___

3500 CHILD AND ADOLESCENT RESTRAINT AND SECLUSION

INTRODUCTION

Because of the high risk nature of seclusion and restraint procedures and the potential for harm to consumers, the DMH/MR, MI Division, Policy on Restraint and Seclusion is included here to place the standards within the proper context.

POLICY

Children/adolescents residing or receiving treatment in a community-based setting certified by the Alabama Department of Mental Health and Mental Retardation have the right to be free of restraint and seclusion. Restraint and seclusion are safety procedures of last resort and not therapeutic interventions.

Children/adolescents may be placed in seclusion or physically restrained only in emergency situations when necessary to:

- (a) Prevent the child/adolescent from physically harming self or others, and
- (b) Less restrictive alternative treatment interventions have been unsuccessful or are determined not to be feasible, and
- (c) When authorized by a qualified individual.

The Alabama Department of Mental Health and Mental Retardation requires that any organization certified by DMHMR develop special safety procedures that reflect the above policy. Mechanical restraints are prohibited. Additionally, procedures must be developed which address standards of care as detailed in the following.

DEFINITIONS

Seclusion refers to the placement of an individual alone in any room from which the resident is physically prevented from leaving.

Restraint is the direct application of physical force to an individual, without the individual's permission, to restrict his or her freedom of movement.

Time-out is a procedure used to assist the individual to regain emotional control by removing the individual from his or her immediate environment and restricting the individual to a quiet area or unlocked quiet room.

Sentinel Event: An unexpected occurrence involving a child/adolescent receiving treatment for a psychological or psychiatric illness that results in serious physical injury or psychological injury or death (or risk thereof).

EXCEPTIONS/LIMITATIONS

The standards for restraint and seclusion do not apply in the following circumstances. However, the standard section that addresses staff competence and training is applicable under these circumstances:

- to the use of restraint associated with acute medical or surgical care;
- when a staff member(s) physically redirects or holds a child, without the child's permission, for 15 minutes or less;
- to time-out under 30 minutes in length;
- to instances in which an individual is restricted to an unlocked room or area, consistent with a unit's rules or regulations, and organization policy(ies) and procedure(s);
- to the use of restraint with individuals who receive treatment through formal behavior management programs. Such individuals exhibit intractable behavior which is severely self-injurious or injurious to others, have not responded to traditional interventions, and are unable to contract with staff for safety (e.g., understand the concept of, and act on, criteria for the discontinuation of restraint or seclusion);
- to protective equipment such as helmets; and
- to adaptive support in response to assessed physical needs of the individual (for example, postural support, orthopedic appliances).

3501 The organization must have policies and procedures that emphasize prevention of seclusion and restraint; demonstrate restraint or seclusion use is limited to situations in which there is immediate, imminent risk of a child/adolescent harming self or others; less restrictive alternative treatment interventions have been unsuccessful or are determined not to be feasible; is never used as coercion, discipline, or for staff convenience; is limited to situations with adequate, appropriate clinical justification; and is used only in accordance with a written order.

Seclusion and restraint may not be used in lieu of effective communication with consumers who are deaf, hard of hearing, or have limited English proficiency. In the case of consumers who are deaf and who use sign

language to communicate, restraints must not be applied in a way that does not leave at least one hand free to sign.

Non-physical interventions are always considered the most appropriate and preferred intervention. These may include redirecting the child/adolescent's focus, verbal de-escalation, or directing the child/adolescent to take a time-out.

Utilization of restraint, seclusion, timeouts, and other techniques associated with the safety of the consumer or used to help him/her gain emotional control shall be documented in the consumers file. The consumer's legal guardian will be asked at intake for the frequency with which they would like such information shared with them.

MEASUREMENT CRITERIA:

Agency policy and procedures contain required language relative to prevention of and appropriate use of seclusion/restraint (YES___NO___). Consumer records document the methods used to intervene prior to the use of seclusion/restraint (YES___NO___). Consumer records demonstrate that the use of seclusion/restraint was consistent with the written policy and procedures (YES___NO___). All referenced incidents are documented in the consumers' file (YES___NO___). There is documentation that legal guardians are asked for the frequency with which they want to be notified of incidents (YES___NO___). Notifications conform to requests (YES___NO___).

3502 The initial assessment of each individual at the time of admission or intake assists in obtaining information about the individual that could help minimize the use of restraint or seclusion and informs the family about use and reporting. The following information is obtained/provided:

- .1 Techniques, methods, or tools that would help the individual control his or her behavior. When appropriate, the individual and/or family assist in the identification of such techniques.**
- .2 Pre-existing medical conditions or any physical disabilities and limitations that would place the individual at greater risk during restraint or seclusion.**
- .3 Any history of sexual or physical abuse that would place the individual at greater psychological risk during restraint or seclusion. If the consumer is deaf and uses sign language, provision must be made to assure that access to effective communication will be made and that techniques used will not deprive the consumer of a method to communicate in sign language.**
- .4 The individual and/or family is informed of the organization's philosophy on the use of restraint and seclusion to the extent that such information is not clinically contraindicated.**

- .5 The role of the family, including their notification of a restraint or seclusion episode, is discussed with the individual and, as appropriate, the individual's family. An agreement will be made with the family/legal guardian at intake regarding notification.**

MEASUREMENT CRITERIA:

Consumer records document at the time of admission or intake any physical, medical or psychological history relevant to minimizing the use of seclusion/restraint (YES___NO___).

Consumer records document that the individual/family was informed regarding seclusion/restraint and notification procedures (YES___NO___).

Consumer records for deaf consumers document that techniques did not deprive the consumer of the ability to communicate (YES___NO___).

- 3503 Seclusion/restraint may be initiated only by order of a licensed independent practitioner (LIP) who is primarily responsible for the individual's care, his or her licensed independent practitioner designee, or other licensed independent practitioner, or in an emergency in which a licensed independent practitioner may not be immediately available, the organization may authorize other trained staff members, qualified by the agency's written policies and procedures, who are not licensed independent practitioners to initiate the use of restraint or seclusion before an order is obtained from the licensed independent practitioner.**

A licensed independent practitioner is defined as an individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

In Alabama such individuals may include: MD, DO, licensed psychologist, licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist, and certified registered nurse practitioner.

MEASUREMENT CRITERION:

All instances of seclusion/restraint were initiated by a LIP or a duly qualified staff member in the absence of the LIP. YES___NO___

- 3504 As soon as possible, but no longer than one hour after the initiation of restraint or seclusion in the absence of a LIP,**

- .1 A trained and qualified staff:**
(a) identifies and obtains an order (verbal or written) from the licensed independent practitioner and
(b) consults with the licensed independent practitioner about the individual's physical and psychological condition.
- .2 The licensed independent practitioner:**
(a) reviews with staff the physical and psychological status of the individual,

- (b) determines whether restraint or seclusion should be continued,
 - (c) supplies staff with guidance in identifying ways to help the individual regain control in order for restraint or seclusion to be discontinued, and
 - (d) supplies an order. (Orders are limited to the timeframes cited herein).
- .3 In the event that a person who is deaf, hard of hearing, or limited English proficient must be restrained, effective communication in sign language or the language of the consumer's choice must be established by : 1) a bi-lingual staff member fluent in the language of the consumer's choice, or, 2) a qualified interpreter.

MEASUREMENT CRITERIA:

Organization's written policies and procedures comply with requirements.
YES___NO___

Consumer records document the order for the use of seclusion/restraint.
YES___NO___

Records for consumers who are deaf, hard of hearing, or limited English proficient document linguistic support during use of seclusion and restraint.

Time frames for orders for the initiation of seclusion/restraint are documented in consumer records and are within allowable parameter (YES___NO___).

Organization's records document the necessary credentials for staff initiating/ordering seclusion/restraint (YES___NO___).

3505 Orders for initial and continuing use of restraint and seclusion have the following characteristics:

- .1 Are limited to 2 hours for children and adolescents ages 9 to 17; and 1 hour for children under age 9.
- .2 Are not written as a standing order or on an as needed basis (that is, PRN).
- .3 If restraint or seclusion needs to continue beyond the expiration of the time-limited order, a new order for restraint or seclusion is obtained from the licensed independent practitioner who is primarily responsible for the individual's ongoing care, or his or her licensed independent practitioner designee, or other licensed independent practitioner.
- .4 Specify the behavioral criteria necessary to be released from seclusion/restraint.

MEASUREMENT CRITERIA:

Orders for initial and continuing use of restraint and seclusion comply with the time limitations (YES___NO___), are not standing orders (YES___NO___) or prn orders (YES___NO___), and a new order is obtained when the time frame for the first order expires (YES___NO___). Each order specifies the behavioral criteria to be released from seclusion/restraint (YES___NO___).

Consumers are released as soon as behavioral criteria are met (YES___NO___).

- 3506 Agency policies and procedures require every effort to be made to terminate seclusion/restraint at the earliest time it is safe to do so. Time-limited orders do not mean that restraint or seclusion must be applied for the entire length of time for which the order is written.**

MEASUREMENT CRITERIA:

Agency policies/procedures specify that seclusion/restraint be terminated as soon as possible (YES___NO___). Consumer records demonstrate that seclusion/restraint are terminated sooner than the order permits when appropriate (YES___NO___).

- 3507 When restraint or seclusion is terminated before the time-limited order expires, that original order can be used to reapply the restraint or seclusion if the individual is at imminent risk of physically harming himself or herself or others, and non-physical interventions are not effective. However, a new order for restraint or seclusion is obtained from the licensed independent practitioner who is primarily responsible for the individual's ongoing care, or his or her licensed independent practitioner designee, or other licensed independent practitioner when the original order expires.**

MEASUREMENT CRITERIA:

Consumer records document compliance with time limits. YES___NO___

- 3508 The time the initial order for restraint or seclusion expires (maximum of 2 hours for ages 9-17 and 1 hour for all ages under 9 years), the individual receives an in-person reevaluation conducted by: the licensed independent practitioner who is primarily responsible for the individual's ongoing care, or his or her licensed independent practitioner designee, or other licensed independent practitioner, or other qualified, trained individual who has been authorized by the organization to perform this function.**

MEASUREMENT CRITERIA:

Consumer records document in person review by a qualified staff person by the end of the initial order. YES___NO___

- 3509 If the restraint or seclusion is to be continued at the time of the re-evaluation, the following procedures must be followed:**

- .1 A written or verbal order is given by the licensed independent practitioner who is primarily responsible for the individual's**

ongoing care, or his or her licensed independent practitioner designee, or other licensed independent practitioner if the restraint or seclusion is to be continued. These orders for continuation of restraint or seclusion are limited to the timeframes outlined herein.

- .2 The licensed independent practitioner or other qualified, authorized staff member reevaluates the efficacy of the individual's treatment plan and works with the individual to identify ways to help him or her regain control.
- .3 If the individual's licensed independent practitioner, or his or her licensed independent practitioner designee, is not the licensed independent practitioner who gives the order, the individual's licensed independent practitioner is notified of the individual's status if the restraint or seclusion is continued.

MEASUREMENT CRITERIA:

The procedures described above were followed at the time of re-evaluation.

YES___NO___

- 3510** The licensed independent practitioner conducts an in-person reevaluation at least every 4 hours for individuals ages 9 and older and 2 hours for individuals under the age of 9. If the individual is no longer in restraint or seclusion when an original *verbal* order expires, the licensed independent practitioner conducts an in-person evaluation of the individual within 24 hours of the initiation of restraint or seclusion.

MEASUREMENT CRITERIA;

The in-person evaluations due at 2, 4, or 24 hours, depending on circumstances, are conducted by a LIP. YES___NO___

- 3511** Individuals in restraint or seclusion are monitored to ensure the individual's physical safety through continuous in-person observation by an assigned staff member who is competent, fluent in the preferred language of the consumer (spoken or signed), and trained in accordance with the standard. If the individual is in restraint, a second staff person is assigned to observe the individual. Assessments at 15 minute intervals are performed/documented as required in 3515.

MEASUREMENT CRITERIA:

Consumer records document required monitoring during seclusion/restraint.

YES___NO___

- 3512** After seclusion/restraint has ended, the individual and, if appropriate, the individual's family (as specified in the intake agreement), participate with staff who were involved in the episode, and who are available, in a debriefing about each episode of restraint or seclusion. The debriefing

occurs as soon as is possible and appropriate, but no longer than 24 hours after the episode. The family is informed as consistent with the intake agreement. The debriefing is used to:

- .1 identify what led to the incident and what could have been handled differently;
- .2 ascertain that the individual's physical well-being, psychological comfort, and right to privacy and communication were addressed;
- .3 counsel the individual involved for any trauma that may have resulted from the incident; and
- .4 when indicated, modify the individual's treatment plan.

Information obtained from debriefings is used in performance improvement activities.

MEASUREMENT CRITERIA:

Consumer records document debriefing within 24 hours following seclusion/restraint (YES___NO___).

Consumer records document the participants in the debriefing (YES___NO___).

Consumer records document the required elements of the debriefing (YES___NO___). The information obtained from debriefings is used in performance improvement activities. YES___NO___

3513 In order to minimize the use of restraint and seclusion, all direct care staff as well as any other staff involved in the use of restraint and seclusion receive ongoing training in and demonstrate an understanding of the following before they participate in any use of restraint/seclusion:

- .1 of the underlying causes of threatening behaviors exhibited by the individuals they serve;
- .2 that sometimes an individual may exhibit an aggressive behavior that is related to a medical condition and not related to his or her emotional condition, for example, threatening behavior that may result from delirium in fevers, hypoglycemia;
- .3 that sometimes inability to effectively communicate due to hearing loss or limited English proficiency leads to misunderstanding or increased frustration that may be misinterpreted as aggression;
- .4 of how their own behaviors can affect the behaviors of the individuals they serve;
- .5 of the use of de-escalation, mediation, self-protection and other techniques, such as time-out; and
- .6 recognizing signs of physical distress in individuals who are being held, restrained, or secluded.

MEASUREMENT CRITERIA:

All direct care staff are trained as described above (YES___NO___) before they participate in seclusion/restraint (YES___NO___).

- 3514 Staff who are authorized to physically apply restraint or seclusion receive the training and demonstrate the competence cited in 3513.1-.5 above, and also receive annual training in and demonstrate competence in the safe use of restraint, including physical holding techniques and take-down procedures.**

MEASUREMENT CRITERIA:

Staff who are authorized to physically apply restraint/seclusion have received the required training (YES___NO___) and demonstrate competence in application and/or simulations (YES___NO___).

- 3515 Staff who are authorized to perform the 15 minute monitoring of individuals who are in restraint or seclusion receive the training and demonstrate the competence cited in 3513.1 - .5 above, and also receive ongoing training and demonstrate competence in:**

- .1 recording vital signs and interpreting relevance to the consumer's physical safety;**
- .2 addressing the need for effective communication;**
- .3 recognizing nutritional/hydration needs;**
- .4 checking breathing, circulation and range of motion in the extremities;**
- .5 addressing hygiene and elimination;**
- .6 addressing physical and psychological status and comfort;**
- .7 assisting individuals in meeting behavior criteria for the discontinuation of restraint or seclusion;**
- .8 recognizing readiness for the discontinuation of restraint or seclusion;**
- .9 recognizing when to contact a medically trained licensed independent practitioner or emergency medical services in order to evaluate and/or treat the individual's physical status.**
- .10 recognizing signs of any injury associated with seclusion or restraint.**

MEASUREMENT CRITERIA:

Staff described above received the required training (YES___NO___) and demonstrate competence in practice or in simulations (YES___NO___).

- 3516 Staff who, in the absence of a licensed independent practitioner, are authorized to initiate restraint or seclusion, and/or perform evaluations/reevaluations of individuals who are in restraint or seclusion in order to assess their readiness for discontinuation or establish the need to**

secure a new order, receive the training and demonstrate the competence cited in 3513 and 3514 above, and are also educated and demonstrate competence in:

- .1 recognizing how age, developmental considerations, gender issues, ethnicity, and history of sexual or physical abuse may affect the way in which an individual reacts to physical contact, and
- .2 the use of behavior criteria for the discontinuation of restraint or seclusion and how to assist individuals in meeting these criteria.

MEASUREMENT CRITERIA:

Staff described above have received the required training (YES___NO___) and demonstrate competence in practice or in simulations (YES___NO___).

3517 All direct care staff are competent to initiate first aid and cardiopulmonary resuscitation.

MEASUREMENT CRITERIA;

Staff schedules and training rosters demonstrate that all direct care staff have current first aid and CPR training. YES___NO___

3518 The organization has a plan for the provision of emergency medical services.

MEASUREMENT CRITERIA:

There is a written plan for provision of emergency medical services. (YES___NO___). Medical records demonstrate that appropriate medical services were provided in an emergency (YES___NO___).

3519 The viewpoints of individuals who have experienced restraint or seclusion are incorporated into staff training and education in order to help staff better understand all aspects of restraint and seclusion use. Whenever possible, such individuals who have experienced restraint or seclusion contribute to the training and education curricula and/or participate in staff training and education.

MEASUREMENT CRITERIA:

There is documentation that individuals who have been secluded/restrained provide input to staff training (YES___NO___) and participate in the training when possible (YES___NO___NA___).

3520 Restraint and seclusion shall be implemented in a manner that protects and preserves the rights, dignity, and well-being of the child/adolescent. Restraint and seclusion shall be implemented in the least restrictive

manner possible in accordance with safe, appropriate restraining techniques. Restraint and seclusion shall not be used as punishment, coercion, discipline, retaliation, for the convenience of staff, or in a manner that causes undue physical discomfort, harm, or pain.

MEASUREMENT CRITERIA:

The rights, dignity and well-being of the child/adolescent during use of seclusion/restraint are protected and preserved (YES___NO___).

3521 Consumer records document that the use of restraint or seclusion is consistent with organization policy, and documentation focuses on the individual. Each episode of use is recorded. Documentation includes information about:

- .1 the circumstances that led to their use;**
- .2 consideration or failure of non-physical interventions;**
- .3 that consumers who are deaf, hard of hearing, limited English proficient are provided effective communication in the language they prefer (signed or spoken) during seclusion and restraint;**
- .4 the rationale for the type of physical intervention selected;**
- .5 notification of the individual's family/guardian consistent with organizational policy and the agreement with the family/legal guardian;**
- .6 behavior criteria for discontinuation of restraint or seclusion;**
- .7 informing the individual of behavior criteria for discontinuation of restraint or seclusion;**
- .8 each written and/or verbal order received from a licensed independent practitioner;**
- .9 each in-person evaluation and reevaluation of the individual;**
- .10 15 minute assessments of the individual's status;**
- .11 assistance provided to the individual to help him or her meet the behavior criteria for discontinuation of restraint or seclusion;**
- .12 continuous monitoring;**
- .13 debriefing of the individual with staff; and**
- .14 any injuries that are sustained and treatment received for these injuries or death.**

Documentation is accomplished in a manner (such as a restraint and seclusion log) that allows for the collection and analysis of data for performance improvement activities.

MEASUREMENT CRITERIA:

Documentation in consumer records meets the above requirements (YES___NO___). Documentation allows for the collection and analysis of data (YES___NO___).

3522 The organization collects restraint and seclusion data:

- .1 in order to ascertain that restraint and seclusion are used only as emergency interventions,**
- .2 to identify opportunities for incrementally improving the rate and safety of restraint and seclusion use, and**
- .3 to identify any need to redesign care processes.**

MEASUREMENT CRITERIA:

Data are collected (YES___NO___) and used as described above (YES___NO___).

3523 The provider determines the frequency with which data are aggregated. Using a consumer identifier, data on all restraint and seclusion episodes are collected from and classified for all settings/units/locations by:

- .1 shift,**
- .2 staff who initiated the process,**
- .3 the length of each episode,**
- .4 date and time each episode was initiated,**
- .5 day of the week each episode was initiated,**
- .6 the type of restraint used,**
- .7 whether injuries were sustained by the individual or staff,**
- .8 age of the individual, and**
- .9 gender of the individual.**

MEASUREMENT CRITERIA:

Required data are collected. YES___NO___

3524 In the analysis of seclusion/restraint data, particular attention is extended to:

- .1 multiple instances of restraint or seclusion experienced by an individual within a 12 hour timeframe;**
- .2 the number of episodes per individual;**
- .3 adequacy of communication in instances of seclusion or restraint of persons who are deaf, hard of hearing, or limited English proficient;**
- .4 instances of restraint or seclusion that extend beyond 2 consecutive hours; and**
- .5 use of psychoactive medications as an alternative for, or to enable discontinuation of, restraint or seclusion.**

Licensed independent practitioners participate in measuring and assessing use of restraint and seclusion for all individuals within the organization.

MEASUREMENT CRITERIA:

Required data on seclusion/restraint are collected (YES___NO___).
Data on seclusion and restraint are reviewed as part of the agency QA/PI Plan (YES___NO___).

- 3525 The organization must report the use of restraint and seclusion to DMHMR in accordance with published reporting guidelines. Additionally, the organization is required by applicable law and regulations to report injuries and death to external agencies.**

MEASUREMENT CRITERIA:

The use of seclusion/restraint is reported on a monthly basis as required (YES___NO___). Injuries/deaths are reported as required (YES___NO___).

- 3526 The organization must demonstrate that procedures are in place to properly investigate and take corrective action where indicated when a child/adolescent has been injured or a sentinel event has occurred.**

Organizations must have an established internal review process on procedures that address action plans to investigate all injuries, which result from the use of restraint and seclusion. The investigation should be aimed at determining the root cause of the event and must establish procedures to correct the problem. The organization's policies should reflect the procedures for notifying and involving external agencies in responding to a sentinel event and in conducting investigations.

MEASUREMENT CRITERIA:

Documentation of procedures for investigation (YES___NO___).

Documentation of corrective action where indicated (YES___NO___).

Documentation of policies for internal review process (YES___NO___).

Documentation of internal review process (YES___NO___).

- 3527 Rooms in which consumers are secluded must be clean, neat, free of hazardous conditions, adequately ventilated (with heat or cooling as appropriate), adequately and appropriately lighted, reasonably spacious, and appropriately painted. All areas of the seclusion room must be visible from the viewing window.**

MEASUREMENT CRITERION:

The seclusion room meets the requirements (YES___NO___). If NO, list the deficiencies: _____

- 3528 Staffing numbers and assignments are adequate to minimize circumstances leading to seclusion and restraint and to maximize safety**

when restraint and seclusion are used. Staff qualifications, the physical design of the facility, the diagnoses and acuity level of the residents, age, gender, and developmental level of the residents shall be the basis for the staffing plan.

MEASUREMENT CRITERIA:

List the staff assigned by shift: _____

List the staff present by shift for the most recent pay period: _____

Are the number and type of staff appropriate given the factors identified above?

YES___NO___

3600 ADULT SECLUSION AND RESTRAINT

Introduction

Because of the high risk nature of seclusion and restraint procedures and the potential for harm to consumers, the DMH/MR, MI Division, Policy on Restraint and Seclusion is included here to place the standards within the proper context.

Policy

Consumers treated in community programs certified by the Alabama Department of Mental Health/Mental Retardation have the right to be free of psychiatric restraint and seclusion. Restraint and seclusion are safety procedures of last resort and not therapeutic interventions.

Consumers may be placed in seclusion or may be physically restrained only when psychiatrically necessary (a) to prevent the consumer from physically harming self or others and (b) after less restrictive alternative interventions have been unsuccessful or are determined not to be feasible and (c) when authorized by a qualified physician.

Defintions

Psychiatric seclusion – the involuntary confinement of a consumer alone in a room, from which the consumer is prevented from leaving for a prescribed period of time in order to control or limit his/her dangerous behavior.

Psychiatric restraint –

- a. Use of a commercial physical or mechanical device to involuntarily restrain the movement of the whole or a portion of a consumer's body as a means of controlling his/her physical activities in order to protect him/her or others from injury.
- b. Use of medication that is not a standard treatment for the consumer's medical or psychiatric condition and is used to control behavior or restrict the consumer's freedom of movement. Medications used for the consumer's positive benefit as an integrated part of a consumers therapeutic plan of care and specific situation and representing standard treatment for the consumer's medical or psychiatric condition do not meet this restraint definition.

Qualified physician –

- a. a psychiatrist; or
- b. a licensed physician who has been granted privileges to order seclusion or restraint.

Qualified registered nurse – a registered nurse who has been granted privileges to implement seclusion or restraint.

3601 Adult residential programs, except for crisis residential programs, cannot seclude or restrain consumers.

MEASUREMENT CRITERIA:

If seclusion/restraint are used, the program is certified as a crisis residential program. YES___NO___NA___

3602 The following written policies must be Board approved and implemented if an adult crisis residential program includes psychiatric seclusion/restraint as part of its interventions:

- .1 Psychiatric seclusion or restraint must be ordered by a qualified physician on the premises (except as noted in 3603 below) only for the purpose of protecting the consumer from harming him/herself or others, and only for the period of time necessary for the consumer to no longer threaten his/her safety or that of other consumers and staff. If seclusion or restraint is ordered, the following procedures must be followed:**
- .2 Use of seclusion or restraint shall not be for the purposes of punishment, discipline, staff convenience, coercion, or retaliation, and seclusion or restraint shall not be used in place of appropriate mental health treatment. Seclusion or restraint should not cause undue physical discomfort, harm, or pain to the consumer.**
- .3 PRN orders for seclusion or restraint are prohibited.**
- .4 Seclusion or restraint shall only be used after other, less restrictive interventions have been found ineffective.**
- .5 Consumers shall be respected as individuals. Their modesty and privacy shall be safeguarded. They shall be provided access to effective communication in the language of their choice (spoken or signed).**
- .6 The use of psychiatric restraint or seclusion must be in accordance with a written modification to the patient's plan of care.**
- .7 The provider must report to the Department of Mental Health (DMH) immediately, any death or injury that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a consumer's death or injury is a result of restraint or seclusion.**

MEASUREMENT CRITERIA:

The policies listed above are written (YES___NO___) and Board approved (YES___NO___). Review of documentation indicates that the policies are implemented. YES___NO___

3603 Seclusion or restraint must be initiated in accordance with the following procedures:

- .1 Psychiatric seclusion or restraint must be ordered by a qualified physician on the premises (except as noted in .2 below).**
- .2 In situations when a qualified physician is not available, the use of psychiatric seclusion or restraint may be implemented for up to one hour to prevent a consumer from physically injuring himself/herself or others by a trained, experienced registered nurse who is physically present and who evaluates the consumer's physical condition to the extent feasible. This procedure may be followed only after determining that alternative interventions have been unsuccessful or would not be feasible.**
- .3 For an individual who is deaf, hard of hearing, or limited English proficient, communication in the language (spoken or signed) of the consumer's choice must be established within one hour by 1) bilingual staff fluent in the language the consumer prefers, or 2) a qualified interpreter.**
- .4 Orders for restraints must specify a type of restraint approved by the Medical Director and that the use must conform to the manufacturer's guidelines.**
- .5 A qualified physician should be notified immediately after the episode of psychiatric restraint or seclusion and a verbal order obtained by the RN. A physician must see the patient and evaluate the need for psychiatric restraint or seclusion within one hour after the initiation of this intervention. The episode of psychiatric restraint or seclusion may be extended up to four (4) hours upon verbal order of a qualified physician (after the initial assessment within 1 hour of initiation) if necessary to prevent the patient from physically injuring himself/herself or others.**
- .6 All written orders for psychiatric restraint and seclusion shall be time-limited and include specific behavioral criteria for release at the earliest possible time. A clinical assessment of the patient and the alternative treatment interventions attempted shall be documented in the medical record.**
- .7 No order for seclusion or restraint shall exceed 4 hours.**

MEASUREMENT CRITERIA:

The policies/procedures listed above are followed as evidenced by review of clinical records of consumers who have been secluded or restrained.
YES___NO___

3604 Continuation of seclusion and restraint shall be done in accordance with the following policies and procedures:

- .1 When seclusion/restraint is initiated under a verbal order, a physician must see the patient and evaluate the need for restraint or seclusion within 1 hour and sign the verbal order.**

- .2 If the initial episode has extended for as long as four hours, the patient shall be released unless a qualified physician has examined the patient and has written a new order for psychiatric restraint or seclusion.**
- .3 When the behavioral criteria for release have been met or the time limit for the order reached, the patient must be released unless the patient is examined by a qualified physician who writes a new order.**

MEASUREMENT CRITERIA:

Review of clinical records demonstrates that the requirements above were followed (YES___NO___). If NO, list the deficiencies:_____

3605 When seclusion/restraint procedures are implemented, the following procedures must be observed:

- .1 The alternative treatment interventions attempted shall be documented in the clinical record.**
- .2 When the criteria for release are met, the consumer must be released.**
- .3 Continual observation shall be made of consumers in seclusion or restraint with documentation made at least every 15 minutes, including an assessment of the need to continue seclusion. Persons in restraint shall be under 1:1 supervision and observations will be documented at least every 15 minutes.**
- .4 Any special medical or behavioral concerns regarding the consumer shall be communicated in writing by the RN or physician to the person(s) observing the consumer.**
- .5 Documentation shall reflect that the consumer in seclusion or restraint was provided the opportunity for the following or reasons why it was clinically inappropriate to make the offer:
 - (a) Hourly bathroom privileges**
 - (b) Daily (every 24 hours) bath, or more frequently as needed**
 - (c) Meals at regular meal times**
 - (d) Hourly fluids**
 - (e) Range of motion exercises for up to ten minutes every two hours (restraint)**
 - (f) Circulation checks every 15 minutes (restraint)**
 - (g) Vital signs checked as clinically indicated****

NOTE: ANY INSTANCE OF NON-COMPLIANCE WITH (a) –(g) ABOVE WILL RESULT IN A REQUIREMENT ON THE SITE VISIT REPORT.

MEASUREMENT CRITERIA:

Review of clinical records demonstrates that the criteria above were met

(YES___NO___). If NO, list deficiencies: _____
_____.

3606 Staff who are involved in initiating and implementing seclusion and restraint procedures must meet the following training requirements:

- .1 RN's must be specifically trained in the use of seclusion/restraint policies and procedures (YES___NO___) and must provide supervision to program staff involved in the administration of seclusion/restraint (YES___NO___).**
- .2 All staff who have direct consumer contact must have annual education and training in the proper and safe use of restraint and seclusion application and techniques and alternative methods for handling behavior, symptoms, and situations.**
- .3 Each facility shall establish procedures to provide debriefing of consumers and staff involved in restraint or seclusion.**

MEASUREMENT CRITERIA:

All staff who have direct consumer contact have current training in proper and safe use of restraint/seclusion techniques (YES___NO___), agency policies and procedures relative to restraint/seclusion (YES___NO___), alternative methods of handling behavior, symptoms, and situations (YES___NO___). The agency has established procedures and persons trained in debriefing of consumers and staff involved in restraint or seclusion (YES___NO___). Such debriefing is documented after each instance of seclusion/restraint (YES___NO___).

3607 If provider policy and procedure permit seclusion and/or restraint, the use must be reviewed as part of the agency PI Program.

- .1 The organization must appropriately document all episodes of restraint and seclusion.**
- .2 The organization must collect data on all episodes of restraint and seclusion in order to monitor use of restraint and seclusion including the following:**
 - (a) multiple instances of restraint or seclusion experienced by an individual within a 12 hour timeframe;**
 - (b) the number of episodes per individual;**
 - (c) instances of restraint or seclusion that extend beyond two consecutive hours; and**
 - (d) use of psychoactive medications as an alternative for, or to enable discontinuation of, restraint and seclusion.**

- .3 The organization must report the use of restraint and seclusion to DMH/MR in accordance with published reporting guidelines. Additionally, the organization is required by applicable law and regulations to report injuries to external agencies.**
- .4 The organization must demonstrate that procedures are in place to properly investigate and take corrective action where indicated where seclusion/restraint result in consumer injury or death.**

MEASUREMENT CRITERIA:

Clinical records of consumers who have been restrained/secluded indicate that the necessary procedures have been observed in the initiation (YES___NO___), continuation (YES___NO___), and implementation (YES___NO___) of the seclusion/restraint policies and procedures. The provider has written policies and procedures that conform to the requirements listed above (YES___NO___). The consumer records document that the required observations were made during a period of seclusion/restraint (YES___NO___). The consumer records document that the consumer was offered the required services (YES___NO___) at the required intervals (YES___NO___). The facility's staff development records document that RN's are trained in the use of seclusion/restraint policies and procedures (YES___NO___), provide supervision to program staff involved in administration of seclusion/restraint (YES___NO___), and that all staff receive training in how to implement seclusion and restraint (YES___NO___).

- 3608 Rooms in which consumers are secluded must be clean, neat, free of hazardous conditions, adequately ventilated (with heat or cooling as appropriate), adequately and appropriately lighted, reasonably spacious, and appropriately painted. All areas of the seclusion room must be visible from the viewing window.**

MEASUREMENT CRITERION:

The seclusion room meets the requirements (YES___NO___). If NO, list the deficiencies:_____

_____.

4000 SERVICE STANDARDS

4100 PARTIAL HOSPITALIZATION PROGRAM

4101 The program description is approved by the board as specified in 3108.2. It is consistent with the provisions of this Section and defines the Partial Hospitalization Program (PHP) as a separate and distinct organizational unit that provides intensive, structured, active, clinical treatment with the goal of acute symptom remission, hospital avoidance, and/or reduction of inpatient length of stay. The program description must include all of the following components:

- .1** A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 4102 and as indicated by individual patient need.
- .2** Discharge/transfer criteria and procedures consistent with 4101.8.
- .3** A description of the service area for the program.
- .4** Admission criteria shall include the following inclusionary criteria:
 - (a)** Presence of a psychiatric diagnosis and
 - (b)** Due either to an acute onset of a severe and disabling psychiatric/psychological disorder or to an acute exacerbation of a severe and persistent mental illness, marked or severe impairment in multiple areas of daily life sufficient to make hospitalization very likely without admission to PHP, or
 - (c)** As an alternative to continued hospitalization, or
 - (d)** Severe persistent symptoms without acute exacerbation where significant clinical progress has not been made in a less intensive treatment setting and where PHP services are reasonably expected to improve the patient's symptoms, condition, or functional level, and
 - (e)** Admission ordered by a psychiatrist.
- .5** Exclusionary criteria shall address the following:
 - (a)** The patient requires a more intensive level of care.
 - (b)** The patient is experiencing mild to moderate symptoms without an acute exacerbation.
 - (c)** Less intensive levels of treatment can reasonably be expected to improve the patient's symptoms, condition, and functional level.
- .6** The program description clearly identifies the PHP as a time-limited program with the expected length of stay (LOS) not to exceed 3 months, unless clinically justified, but not more than 6 months per admission.
- .7** The program description shall state the procedure for extending a patient past the expected LOS and must include the following criteria for continued stay:
 - (a)** Goals and objectives specified on the treatment plan

- have not been substantially attained or new problems have emerged.
- (b) Further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability.
 - (c) Continued treatment cannot be provided in less intensive levels of care due to a reasonable risk of relapse and/or hospitalization.
 - (d) Documented clinical judgement indicates that attempts to transition the patient to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria.
 - (e) The psychiatrist certifies the need to extend the length of stay for a specified period of time not to exceed three one month extensions to achieve clearly articulated clinical objectives.
- .8 Discharge/transfer criteria shall include the following:
- (a) Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care.
 - (b) Patient's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities (school, work, home) or to receive less intensive services (e.g. intensive day treatment, rehabilitative day program, standard out patient services, case management, etc.).
 - (c) Patient's degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care.
 - (d) Patient primarily needs support, activities, socialization, custodial, respite, or recreational care that could be provided in other less intensive settings (e.g. drop in center, senior citizens' center, peer support group).
 - (e) Patient is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the patient.

MEASUREMENT CRITERIA:

The program description is consistent with all components as specified in .1-.8 above (YES ___ NO ___). If NO, list the deficiencies: _____.

4102 The Partial Hospitalization Program shall constitute active, intensive treatment that specifically addresses the presenting problems that

necessitate admission. The following services must be delivered within the program as indicated by an initial screening to evaluate the appropriateness of the patient's participation in the program and development of an individualized treatment plan:

- .1 Medication evaluation and medication management YES___NO___
- .2 Individual, group, and family therapy YES___NO___
- .3 Coping skills training closely related to presenting problems e.g. stress management, symptom management, assertiveness training, and problem solving as opposed to basic living skills such as money management, cooking, etc. YES___NO___
- .4 Activity therapy closely related to the presenting problems that necessitated admission (e.g. aerobics, maintaining a recovery diary, creative expression (art, poetry, drama) pertaining to the recovery process) YES___NO___
- .5 Medication administration YES___NO___
- .6 Medication monitoring YES___NO___
- .7 Family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc. YES___NO___
- .8 Patient education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training. YES___NO___

MEASUREMENT CRITERIA:

The daily / weekly schedules and consumer/staff member interviews confirm that the required services are provided (YES___NO___). Consumer records document an initial screening, an individualized treatment plan and verify an active, intensive treatment program as reflected in documentation per 3408.9(c) (YES___NO___).

- 4103 Partial Hospitalization Programs shall have a multidisciplinary treatment team under the direction and supervision of a psychiatrist. The team may include social workers, counselors, psychologists, nurses, occupational therapists, recreational therapists, activity therapists, chemical dependency counselors, and other staff trained to work with psychiatric patients. At a minimum, the treatment team will include a psychiatrist, a doctoral or master's level clinician or a registered nurse with two years psychiatric experience, and other trained professionals and/or paraprofessionals. A qualified interpreter will be present at all team meetings when deaf consumers are present. There shall be a sufficient number of staff for the daily census of the program.**

MEASUREMENT CRITERIA:

A psychiatrist directs and supervises the treatment team. YES___NO___

List the assigned staff by discipline/training: _____

The treatment team includes the minimum requirements. YES___NO___
An interpreter is present at team meetings when deaf consumers are present.
YES___NO___

- 4104 The program coordinator must have a master's degree in a mental health related field and at least two years of post-master's direct mental illness service experience or be a registered nurse with a minimum of two years of psychiatric experience. In physically isolated settings, there must be one other staff member in addition to the coordinator present during the hours of operation.**

MEASUREMENT CRITERION:

The credentials of the Program Coordinator/Director comply with this standard.
YES___NO___

- 4105 A psychiatrist shall be responsible for providing the following services:**

- .1 order for admission;**
- .2 initial psychiatric evaluation;**
- .3 initial approval and monthly review of the treatment plan;**
- .4 medication evaluation and management services;**
- .5 evaluation of readiness for discharge and discharge order;**
- .6 at least monthly face-to-face assessment of the patient and as medically/psychiatrically indicated;**
- .7 face-to-face evaluation and certification of need for continued stay on at least a monthly basis; AND**
- .8 supervision of treatment staff.**

MEASUREMENT CRITERIA:

The psychiatrist's job description includes the required responsibilities (YES___NO___).

The patient records and program documents confirm that the psychiatrist provides the required services (YES___NO___). If NO, delineate deficiencies:

- 4106 Each patient in a Partial Hospitalization Program shall have a counselor/therapist who meets the requirements at 2206.**

MEASUREMENT CRITERIA:

Patient records document that there is a primary counselor/therapist assigned to the patient (YES___NO___) who meets the requirements of 2206 (YES___NO___).

4107 Patients admitted to the PHP meet the admission criteria as specified in 4101.4.

MEASUREMENT CRITERIA:

Patient records document that consumers admitted to the program meet the admission criteria. YES___NO___

4108 Patients admitted to the PHP do not meet the exclusionary criteria as specified in 4101.5.

MEASUREMENT CRITERIA:

Patient records document that patients admitted to the program do not meet the exclusionary criteria. YES___NO___

4109 The Partial Hospitalization Program shall be scheduled at least 4 hours per day, 5 days per week for day programs and a minimum of 16 hours over at least 4 days per week for evening programs.

MEASUREMENT CRITERIA:

The Program is operated a minimum of 4 hours/day, 5 days/week for day programs. YES___NO___NA___

The Program is operated a minimum of 16 hours over at least 4 days per week for evening programs. YES___NO___NA___

4110 Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.

MEASUREMENT CRITERIA:

Services to consumers who are deaf were provided by a bi-lingual staff member (YES___NO___NA___) or by a qualified interpreter (YES___NO___NA___).

Programming permits effective participation for consumers who deaf/hard of hearing (YES___NO___NA___).

4111 Each patient shall receive, at a minimum, one (1) hour per week of individual and/or group therapy unless clinically contraindicated.

MEASUREMENT CRITERION:

Patient records document that the patient received at a minimum one (1) hour of individual or group therapy weekly unless clinically contraindicated. YES___NO___

Records of consumers who are deaf or hard of hearing document that communication access and other accommodations were provided. YES___NO___NA___

- 4112 Group size (all types of groups with the exception of activity therapy) shall not exceed fifteen (15).**

MEASUREMENT CRITERION:

There is evidence that group size does not exceed 15 in each group (e.g., group attendance records, number of concurrent sessions per hour plus daily attendance records, etc.). YES___NO___

- 4113 Patients in a PHP shall be scheduled at least 4 hours per day, 3-5 days per week based on individual clinical needs, preferences, and circumstances. When clinically indicated, less frequent attendance may be utilized during a brief period of transition to less intensive levels of care.**

MEASUREMENT CRITERIA:

Patient records document that the patients are scheduled 4 hours per day, 3-5 days per week. YES___NO___ If a patient is scheduled less frequently, it is clearly documented that the patient is in a brief transition period. YES___NO___NA___

- 4114 The PHP is a time-limited program with the expected length of stay (LOS) not to exceed 3 months, unless clinically justified, but not more than 6 months per admission.**

MEASUREMENT CRITERIA:

The average LOS in the program is equal to or less than 3 months (YES___NO___). The documented expected LOS for each patient does not exceed 3 months (YES___NO___). Each LOS that exceeds 3 months is clinically justified in the patient record (YES___NO___). No admission exceeds 6 continuous months (YES___NO___).

- 4115 Extensions of LOS are consistent with the criteria for continued stay as specified in 4101.7.**

MEASUREMENT CRITERIA:

Extensions of LOS clearly document reasons consistent with the above criteria (YES___NO___), specify a period of time not to exceed one month (YES___NO___), specify clinical objectives to be achieved during the extension (YES___NO___), are certified by the psychiatrist (YES___NO___), and do not exceed three extensions (YES___NO___).

- 4116 Patients discharged from the program meet the discharge criteria as specified in 4101.8.**

MEASUREMENT CRITERIA:

Records of discharged patients indicate that the discharge criteria were met (YES___NO___). Patients attending the program do not meet the discharge criteria listed above (TRUE___FALSE___).

4200 ADULT INTENSIVE DAY TREATMENT

4201 The program description is approved by the board as specified in 3108.2. It is consistent with the provisions of this Section and defines Intensive Day Treatment as an identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services such as rehabilitative and outpatient with the goals of community living skills acquisition/enhancement, increased level of functioning, and enhanced community integration.

The program description must include all of the following components:

- .1** A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 4202 and as indicated by individual consumer need.
- .2** Discharge/transfer criteria and procedures consistent with 4201.8.
- .3** A description of the service area for the program.
- .4** Admission criteria shall include the following:
 - (a)** presence of a psychiatric diagnosis and
 - (b)** moderately disabling persistent, chronic, and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care and
 - (c)** symptoms that do not meet admission criteria for more intensive levels of care but do require the daily structure and supervision of a treatment oriented therapeutic milieu and
 - (d)** IDT can be reasonably expected to improve the consumer's symptoms, condition, or functional level sufficient to permit transition to a less intensive level of care and
 - (e)** admission approval by a staff member who meets the requirements at 3407.7(e).
- .5** Exclusionary criteria shall address the following:
 - (a)** the consumer's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care;
 - (b)** a less intensive level of care would be sufficient to provide treatment services for the consumer;
 - (c)** the consumer is experiencing mild persistent, chronic symptoms without acute exacerbation and less intensive levels of care can reasonably be expected to improve the consumer's symptoms, condition, and functional level.
- .6** The program description defines the expected length of stay (LOS) as intermediate term, not to exceed 6 months unless clinically justified.
- .7** The program description shall state the procedure for extending a consumer past the expected LOS and must include the following continued stay criteria:
 - (a)** goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged;

- (b) further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability; OR
 - (c) continued treatment cannot be provided in less intensive levels of care (e.g., rehabilitative day program, case management, standard outpatient services) due to a reasonable risk of relapse and/or hospitalization; or
 - (d) documented clinical judgement indicates that attempts to transition the consumer to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria; and
 - (e) a staff member who meets the requirements at 3407.7(e) approves extending the length of stay for a specified period of time not to exceed three months per extension to achieve clearly articulated clinical objectives.
- .8 Discharge/transfer criteria shall include the following:**
- (a) treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care;
 - (b) consumer's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities or to receive less intensive services (e.g., rehabilitative day program, case management, standard outpatient services);
 - (c) consumer's degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care;
 - (d) consumer primarily needs support, activities, socialization or custodial care that could be provided in other less intensive settings (e.g. drop in center, senior citizens' center, peer support group); OR
 - (e) consumer is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the consumer.

MEASUREMENT CRITERIA:

The program description is consistent with all components as specified in .1-.8 above (YES ___ NO ___). If NO, list the deficiencies:_____

4202 Intensive Day Treatment shall constitute active, intermediate level treatment that specifically addresses the consumer's impairments, deficits, and clinical needs. The following services must be available within the program as indicated by an initial screening to evaluate the

appropriateness of the patient's participation in the program and an individualized treatment plan:

- .1 Medication evaluation and management. YES___NO___**
- .2 Individual, group, and family therapy. YES___NO___**
- .3 Activity/recreational therapy (e.g. sports, leisure activities, hobbies, crafts, music, socialization, field trips). YES___NO___**
- .4 Social skills training (e.g. conversation and interpersonal skills). YES___NO___**
- .5 Coping skills training (e.g. stress management, symptom management, problem solving). YES___NO___**
- .6 Utilization of community resources. YES___NO___**
- .7 Family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc. YES___NO___**
- .8 Basic living skills (e.g. Adult Basic Education, GED, shopping, cooking, housekeeping, grooming). YES___NO___**
- .9 Medication administration. YES___NO___**
- .10 Medication monitoring. YES___NO___**
- .11 Consumer education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training. YES___NO___**

MEASUREMENT CRITERIA:

The daily/weekly/monthly schedules and consumer/staff member interviews confirm that the required services are provided. YES___NO___

Consumer records document an initial screening and an individualized treatment plan. YES___NO___

- 4203 The program coordinator must have a master's degree in a mental health related field and two years of post-master's direct mental illness experience. In physically isolated settings, there must be one other staff member in addition to the coordinator present during the hours of operation.**

MEASUREMENT CRITERIA:

The credentials of the Program Coordinator/Director comply with this standard (YES___NO___). Staffing in isolated settings meets the requirement (YES___NO___NA___).

- 4204 Consumers admitted to the program meet the admission criteria as specified in 4201.4.**

MEASUREMENT CRITERIA:

Consumer records document that consumers admitted to the program meet the admission criteria. YES___NO___

4205 Consumers admitted to the program do not meet exclusionary criteria as specified in 4201.5.

MEASUREMENT CRITERION:

Patient records document that patients admitted to the program do not meet the exclusionary criteria. YES___ NO___

4206 All Adult Intensive Day Treatment programs shall be available at least four (4) hours per day and five (5) days per week.

MEASUREMENT CRITERIA:

The Program is operated a minimum of 4 hours per day (YES___NO___) and 5 days per week in each setting (YES___NO___).

4207 Each consumer shall receive, at a minimum, one (1) hour per week of individual and/or group therapy unless clinically contraindicated.

MEASUREMENT CRITERION:

Consumer records document that the consumer received at a minimum one (1) hour of individual or group therapy weekly. YES___NO___

4208 Group therapy size shall not exceed fifteen (15).

MEASUREMENT CRITERION:

There is documentation in the consumer record that group therapy size does not exceed 15 in each group. YES___NO___

4209 The IDT program's expected length of stay (LOS) is an intermediate term, not to exceed 6 months unless clinically justified.

MEASUREMENT CRITERION:

The average LOS in the program does not exceed 6 months unless clinically justified. YES___NO___

4210 Extensions of LOS are consistent with the criteria for continued stay as specified in 4201.7.

MEASUREMENT CRITERIA:

Extensions of LOS clearly document reasons consistent with the above criteria (YES___NO___), specify a period of time not to exceed 3 months (YES___NO___), specify clinical objectives to be achieved during the extension (YES___NO___), and are approved by staff member as required in 4201.7(e) (YES___NO___).

- 4211 Each consumer in an Intensive Day Treatment program shall have a counselor/therapist who meets the requirements at 2206.**

MEASUREMENT CRITERION:

Consumer records document that there is a primary counselor/therapist assigned to the consumer (YES___NO___) who meets 2206 (YES___NO___).

- 4212 Adult Intensive Day Treatment consumers are scheduled at least four (4) hours per day and three (3) days per week. When clinically indicated, less frequent attendance may be utilized during a brief period of transition to less intensive levels of care.**

MEASUREMENT CRITERIA:

Program statistics document that days of attendance are assigned to consumers for 3 to 5 days per week (YES___NO___) and at least 4 hours per day (YES___NO___). If a consumer is scheduled less frequently, it is clearly documented that the consumer is in a brief transition period (YES___NO___NA___).

- 4213 Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.**

MEASUREMENT CRITERIA:

Services to consumers who are deaf were provided by a bi-lingual staff member (YES___NO___NA___) or by a qualified interpreter (YES___NO___NA___). Programming permits effective participation for consumers who deaf/hard of hearing as evidenced in the treatment plan (YES___NO___NA___).

- 4214 Consumers discharged from the program meet the discharge criteria as specified in 4201.8**

MEASUREMENT CRITERIA:

Records of discharged consumers indicate that the discharge criteria were met (YES___NO___). Patients attending the program do not meet the discharge criteria listed above (TRUE___FALSE___).

4300 REHABILITATIVE DAY PROGRAM

4301 The program description is approved by the board as specified in 3108.2. It is consistent with the provisions of this Section and defines Rehabilitative Day Program (RDP) as an identifiable and distinct program that provides long-term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining self-worth, optimizing illness management, and helping consumers to become productive participants in family and community life. The program description must include all of the following components:

- .1** A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 4302 and as indicated by individual consumer needs and preferences.
- .2** Discharge/transfer criteria and procedures consistent with 4301.6.
- .3** A description of the service area for the program.
- .4** Admission criteria shall include the following inclusionary criteria:
 - (a)** presence of a psychiatric diagnosis;
 - (b)** mild to moderate persistent, chronic, and/or refractory symptoms and impairments in one or more areas of living (e.g. difficulty attaining & sustaining life goals and/or community integration);
 - (c)** does not meet admission or continued stay criteria for more intensive levels of care such as PHP or IDT, but requires the daily structure and services of a recovery oriented rehabilitative milieu to improve or maintain level of functioning, achieve personal life goals, and sustain a positive quality of life;
 - (d)** RDP services are reasonably expected to improve the individual's functional level, increase quality of life, and facilitate attainment of personal life goals; and
 - (e)** admission approval per 3407.7 (e).
- .5** Exclusionary criteria must include the following:
 - (a)** the person's level of functioning requires a more intensive level of care;
 - (b)** a less intensive level of care is sufficient to meet the individual's needs; or
 - (c)** the individual is not experiencing mild or moderate persistent, chronic symptoms, impairments in one of more areas of daily life, difficulty attaining and sustaining life goals and/or problems with community integration.
- .6** Discharge/transfer criteria shall include the following:
 - (a)** rehabilitative goals have been met and the individual no longer needs this type of service;
 - (b)** less intensive levels of care can reasonably be expected to improve or maintain the individual's level of symptom

- remission, condition, functional level, quality of life, attainment of life goals, and recovery;
- (c) the degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care;
 - (d) the individual primarily needs support, activities, socialization, or custodial care that could be provided in other less intensive settings (e.g. peer support group, drop in center, or senior citizen's center); or
 - (e) the individual chooses not to participate.

MEASUREMENT CRITERIA:

The program description is consistent with all components as listed in .1-.7 above (YES___ NO___). If NO, list deficiencies: _____

4302 The RDP constitutes active structured, rehabilitative interventions that specifically address the individual's life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The RDP should include an initial screening to evaluate the appropriateness of the person's participation in the program and to develop an individualized treatment plan. Consumers in the program shall receive one or more of the following rehabilitative services based on the specific focus of the program and the needs and preferences of consumer participating in the program:

- .1 structured work oriented activities (e.g. learning & practicing good work habits and/or developing skills to help consumer prepare for specific jobs appropriate to their level of ability);**
- .2 educational skills (e.g. Adult Basic Education, GED, computer skills, support and assistance with returning to school);**
- .3 employment assistance (services designed to help consumer attain/ sustain volunteer work, part time employment, or a full time job) ;**
- .4 sheltered employment opportunities (e.g., thrift store, garden center or sheltered workshop);**
- .5 goal oriented groups (e.g. groups designed to help consumers identify, discuss, achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family etc.);**
- .6 one-to-one goal oriented sessions (e.g. one to one services designed to help a consumer identify, discuss, achieve and/or maintain personal life goals such as living in preferred housing, having a job,**

- returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family etc.);
- .7 skill building (e.g. skills training sessions focused on learning, improving & maintaining daily living skills such as grocery shopping, use of public transportation, social skills, budgeting, laundry, and housekeeping to help consumers develop and maintain the skills they need to achieve and/or sustain personal life goals); and**
- .8 utilization of community resources.**

MEASUREMENT CRITERIA:

The daily and weekly schedules and consumer/staff member interviews confirm that one or more rehabilitative services are provided (YES___NO___). There is an initial screening documented in the consumer record (YES___NO___). There is a Treatment Plan with individualized Rehabilitative services for each consumer (YES___NO___).

- 4303 The program coordinator must have at a minimum a BA degree in a mental health related field and at least two years of direct service experience in a mental health setting or be a registered nurse with at least two years of mental health center experience.**

MEASUREMENT CRITERION:

The credentials of the Program Coordinator comply with this standard.
YES___NO___

- 4304 Consumers admitted to the RDP meet the admission criteria as specified in 4301.4.**

MEASUREMENT CRITERIA:

Records document that individuals admitted to the program meet the admission criteria. YES___NO___

- 4305 Consumers admitted to the RDP do not meet the exclusionary criteria as specified in 4301.5.**

MEASUREMENT CRITERIA:

Patient records document that patients admitted to the program do not meet the exclusionary criteria. YES___ NO___

- 4306 Rehabilitative Day Programs shall be scheduled at least four hours per day one day per week.**

MEASUREMENT CRITERIA:

The Program is operated a minimum of 1 day per week (YES___NO___).

The Program is operated a minimum of 4 hours per day (YES___NO___). The schedule is confirmed in interviews with consumers (YES___NO___) and staff (YES___NO___).

- 4307 Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.**

MEASUREMENT CRITERIA:

Services to consumers who are deaf were provided by a bi-lingual staff member (YES___NO___NA___) or by a qualified interpreter (YES___NO___NA___). Programming permits effective participation for consumers who deaf/hard of hearing as evidenced by the treatment plan (YES___NO___NA___).

- 4308 People are scheduled to attend RDP at least once a week based on individual goals, preferences, needs, and circumstances.**

MEASUREMENT CRITERION:

The program statistics document that consumers are scheduled and attend at least once a week based on individual needs and preferences. YES___NO___

- 4309 The record documents that the treatment plan for rehabilitative day services is evaluated at least every three months to assure that continued participation in RDP is clinically indicated.**

MEASUREMENT CRITERION:

YES___NO___

- 4310 Consumers discharged from the program meet the discharge criteria as specified in 4301.7**

MEASUREMENT CRITERIA:

Records of consumers who have been discharged indicate that the discharge criteria were met (YES___NO___). Consumers attending the program do not meet the discharge criteria listed above (TRUE___FALSE___).

4400 CHILD AND ADOLESCENT DAY TREATMENT

4401 The program description is approved by the board as specified in 3108.2. It is consistent with provisions of this section. The program description must include all of the following components:

- .1 A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 4402 and as indicated by individual consumer needs.**
- .2 Discharge/transfer criteria and procedures**
- .3 A description of the service area for the program**
- .4 Admission criteria shall be comprehensive enough to justify a consumer's treatment in Child and Adolescent Day Treatment and shall require a combination of at least three (3) of the following inclusionary criteria, whose severity would prevent treatment in a less intensive environment:**
 - (a) poor self-control**
 - (b) cruelty to animals**
 - (c) inappropriate aggressive behavior**
 - (d) angry/hostile temper tantrums**
 - (e) hyperactivity**
 - (f) withdrawn**
 - (g) running away**
 - (h) destructiveness**
 - (i) poor school performance**
 - (j) truancy**
 - (k) defiance of authority**
 - (l) manipulative behavior**
 - (m) sexual maladjustment**
 - (n) assaultive behavior**
 - (o) child abuse victim**
 - (p) depression**
 - (q) anxiety**
 - (r) homicidal/suicidal ideation**
 - (s) drug experimentation**
 - (t) sexual abuse**
 - (u) irrational fears**
 - (v) attention seeking behavior**
 - (w) encopretic/enuretic**
 - (x) low frustration tolerance**
 - (y) inadequate social skills, and**
 - (z) dysfunctional family relationships.**
- .5 A psychiatric diagnosis.**

- .6 Admission is approved by a Licensed Independent Practitioner as specified in 3407.7(e).**
- .7 The program description shall state the expected LOS.**
- .8 The program description shall state the procedure for extending a consumer past the expected LOS.**
- .9 The program description documents the provision of services as specified in 4407.**

MEASUREMENT CRITERION:

The program description is consistent with all components as specified in .1-.7 above (YES___ NO___). If NO, list deficiencies. Consumer records document that consumers admitted to the program have a psychiatric diagnosis (most recent DSM) (YES___NO___). Admission is approved as required above (YES___NO___).

- 4402 Key service functions include, at a minimum, the following services which must be available within the program as indicated by an initial screening to evaluate the appropriateness of the consumer's participation in the program and the development of an individualized treatment plan:**

- .1 Individual, group, play, and family therapy. YES___NO___**
- .2 Education for the consumer's parents/guardian regarding age-related emotional and cognitive development and needs. YES___NO___**
- .3 Services that enhance personal care skills. YES___NO___**
- .4 Services that enhance family, social, and community living skills. YES___NO___**
- .5 Services that enhance the use of leisure and play time. YES___NO___**
- .6 Medical services including the prescription of psychotropic medication and medication management. YES___NO___**
- .7 Education for children who are attending Day Treatment instead of a local school. YES___NO___**
- .8 Recreational activities. YES___NO___**
- .9 Therapeutic field trips. YES___NO___**

MEASUREMENT CRITERION:

The daily and weekly schedules and consumer/staff member interviews confirm that the required services are provided (YES___NO___).

Consumer records document an initial screening (YES___ NO___).

Consumer records document an individualized treatment plan (YES___ NO___).

- 4403 The program coordinator must have a master's degree in a mental health related field and two years direct mental illness service experience, one of which must be in services for children and adolescents. In**

physically isolated settings, there must be at least one other staff member present during hours of operation.

MEASUREMENT CRITERIA:

The credentials of the Program Coordinator/Director comply with this standard.

YES___NO___

Staffing in isolated settings complies with the requirement. YES___NO___

- 4404 Consumers admitted to the program meet the admission criteria as specified in 4401.4.**

MEASUREMENT CRITERIA:

Consumer records document that consumers admitted to the program meet the admission criteria. YES___ NO___

- 4405 Programs with an educational component must be in operation five (5) days per week with a minimum of three (3) hours non-educational service per day. Programs that do not have an educational component must be in operation a minimum of three (3) days per week and have a minimum of four (4) hours of service each day with the exception of pre-school and after-school programs which must operate a minimum of three (3) hours per day.**

MEASUREMENT CRITERION:

The program operates the required number of days and hours. YES___NO___

- 4406 Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.**

MEASUREMENT CRITERIA:

Services to consumers who are deaf were provided by a bi-lingual staff member (YES___NO___NA___) or by a qualified interpreter (YES___NO___NA___).

Programming permits effective participation for consumers who deaf/hard of hearing as evidenced by the treatment plan. (YES___NO___NA___).

- 4407 Consumers shall have a minimum of one (1) hour group therapy per week and one (1) hour of individual or family therapy at least every two weeks. The minimum services may be met in more than one session of less than an hour each. The time requirements for pre-school day treatment are one half hour of group per week and one half of individual or family therapy every two weeks.**

MEASUREMENT CRITERION:

Consumer records document that the consumer received at a minimum of one hour (one half hour for preschool) of group therapy per week and one hour of individual/family therapy every two weeks. YES___NO___

4408 Group therapy size shall not exceed ten (10).

MEASUREMENT CRITERION:

There is documentation that group therapy size does not exceed 10 in each group. This can be in progress notes in consumer records (YES___NO___NA___) or group attendance records (YES___NO___NA___).

4409 Group and individual therapy shall address clinical issues that are addressed in the consumer's treatment plans.

MEASUREMENT CRITERION:

Consumer records document that individual and group therapy addressed issues that were identified on the consumer's treatment plan. YES___NO___

4410 The LOS of consumers in the program is consistent with the expected LOS as specified in 4401.7.

MEASUREMENT CRITERION:

Consumer records indicate that the LOS of consumers in the program is consistent with the expected LOS as stated in the program description. YES___NO___

4411 Extensions of LOS are consistent with procedures as specified in 4401.8.

MEASUREMENT CRITERION:

Consumer records indicate that extensions of LOS are consistent with procedures for extending LOS as stated in the program description. YES___NO___

4412 Child and Adolescent Day Treatment programs that children attend instead of a Local Education Agency (LEA) must be registered with the State Department of Education.

MEASUREMENT CRITERION:

There is documentation that a program with an educational component is registered with the State Department of Education. YES___NO___

4413 All Child and Adolescent Day Treatment Programs which serve school age children during school terms must provide an educational curriculum or coordinate with the Local Education Agency that provides education.

MEASUREMENT CRITERION:

The program provides education, if required, or can document coordination with the LEA. YES___NO___

4500 CASE MANAGEMENT

4501 The program description is approved by the board as specified in 3108.2, and is consistent with the provisions of this section. The Program description must include all of the following components:

- .1 A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 4502 and as indicated by individual consumer need.**
- .2 Discharge/transfer criteria and procedures.**
- .3 A description of the service area for the program.**
- .4 Admission criteria.**

MEASUREMENT CRITERIA:

The program description is consistent with all components as specified in 1.-.4 above (YES___ NO___). If NO, list the deficiencies: _____

4502 The following services must be delivered within the program:

- .1 A systematic determination of the specific human service needs of each consumer. YES___NO___**
- .2 The development of a systematic consumer coordinated written plan that is developed within the month following the month of intake unless services terminate earlier and lists the actions necessary to meet the needs of each consumer. YES___NO___**
- .3 Assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers. YES___NO___**
- .4 The direct delivery, or the arrangement for, transportation to needed services if the consumer is unable to transport himself. YES___NO___**
- .5 Establishing links between the consumer and service providers or other community resources. YES___NO___**
- .6 Advocating for and developing access to needed services on the consumer's behalf when the consumer himself is unable to do so alone. YES___NO___**
- .7 Monitoring of the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan. YES___NO___**
- .8 Systematic reevaluation (at 6 months after intake and intervals of 12 months thereafter) of the consumer's human service needs and the consumer's progress toward planned goals so that the established plans can be continued or revised. YES___NO___**

MEASUREMENT CRITERION:

Individual consumer records document that all of the required services are being provided (YES___NO___). If NO, delineate deficiencies: _____.

- 4503 Case Management Services must be provided by a staff member who has completed a DMH/MR approved Case Management Training Program and infection control training. Case managers who work with deaf consumers must complete training by DMH/MR Office of Deaf Services.**

MEASUREMENT CRITERION:

Personnel records of the case managers document the required training. YES___NO___

- 4504 Case management services for consumers who are deaf must be provided in a linguistically appropriate manner.**

MEASUREMENT CRITERIA:

Case management services are provided to deaf consumers either by a bi-lingual case manager fluent in sign language or by a case manager trained by the Office of Deaf Services and using a qualified mental health interpreter (YES___NO___).

- 4505 Case Management services are supervised by a staff member who has a Master's degree and two (2) years of post-master's clinical experience and who has completed a DMH/MR approved case management supervisor training program, or an individual who has a master's degree that included a clinical practicum, has two years of experience as a case manager regardless of whether the experience occurred pre- or post-master's degree, and has completed a DMH/MR approved case management program.**

Measurement Criterion:

The supervisor has the required credentials. YES___NO___

- 4506 Case managers possess a current drivers license valid in Alabama.**

Measurement Criterion:

Personnel records of the case managers include a copy of a current driver's license valid in Alabama. YES___NO___

- 4507 Most case management services and activities will occur on an outreach basis.**

MEASUREMENT CRITERIA:

Internal program policies and consumer records document that most case management services are provided to the consumer in his home or community.
YES___NO___

4507 The following documentation and/or forms are required and must be readily identifiable in the consumer's record:

- .1 Needs Assessment - Completed at Intake, 6 months after Intake, and every 12 months as long as the case is active (if a provider is under contract with DMH/MR, the needs assessment must be the SUN or the SUN-R). YES___NO___**
- .2 Case Plan - Goals, methods of accomplishment, and approval of same by the case manager supervisor which are completed within one month of first direct service, after 6 months of services and annually thereafter as long as the case is active. YES___NO___**
- .3 Service Notes - Notation by Case Manager of date, service duration, nature of service, and Case Manager's signature for each contact with the consumer or collateral. YES___NO___**
- .4 Documentation that communication access has been provided for consumers who are deaf or hard of hearing. YES___NO___**
- .5 Release of Information Forms as necessary to carry out case plans. YES___NO___**

MEASUREMENT CRITERION:

Consumer records document that all of the assessments, case plans, progress notes, and release of information were completed as scheduled (YES___NO___)
If NO, delineate deficiencies: _____

_____.

4600 EMERGENCY SERVICES

4601 The program description is approved by the board as specified in 3108.2 and is consistent with the provisions of this section. The program description must include all of the following components:

- .1 A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 4602 and as indicated by individual consumer need.**
- .2 A description of the service area for the program.**

MEASUREMENT CRITERIA:

The program description is consistent with all components as listed in 1.-.3 above (YES___ NO___). If NO, list the deficiencies: _____

4602 There is a 24 hour per day 7 day per week capability to respond to an emergency need for mental health services for enrolled consumers. Such capability shall include:

- .1 Telephone response by a credentialed staff member (a direct service provider with at least a BA or RN) or**
- .2 Face-to-face response by a credentialed staff member (a direct service provider with at least a BA or RN).**
- .3 Adequate provision for handling special and difficult cases, e.g. violent/suicidal, deaf.**

MEASUREMENT CRITERION:

The documentation of emergency services (phone log, case notes, on-call schedule) indicate that services are provided as required. YES___NO___

4603 When an answering service is used, instructions must be provided in the proper handling of emergency calls.

MEASUREMENT CRITERION:

There is documentation that instructions for the proper handling of emergency calls was provided to the answering service. YES___NO___

4604 Staff involved in face-to-face emergency services shall be trained in crisis intervention techniques.

MEASUREMENT CRITERION:

Personnel records document that emergency services staff received the required training. YES___NO___

- 4605 A master's level clinical staff member with at least two years of post-master's clinical experience shall be available as a backup to those persons providing emergency telephone service.**

MEASUREMENT CRITERIA:

The clinician on call meets the requirements (YES___NO___). A list or other means of identifying the on-call clinician is made available on a timely basis to those answering the telephone (YES___NO___).

- 4606 There shall be a log of all incoming calls, including time, nature of problem, telephone number of caller (if possible), and the disposition of the case.**

MEASUREMENT CRITERION:

There is a log of emergency calls with the required data documented (YES___NO___). If all data is not documented, indicate what is lacking:

- 4607 There is documentation of each face-to-face contact including disposition after the initial emergency interview.**

MEASUREMENT CRITERION:

There is documentation of each face-to-face emergency contact which included the required information. YES___NO___

- 4608 All emergency contacts should document any referral to any other agency or non-agency services.**

MEASUREMENT CRITERION:

There is documentation that a referral was made to an appropriate source following the emergency contact. YES___NO___

- 4609 There is documentation of follow-up on disposition recommendations in all high-risk crisis situations including, at a minimum, those situations involving consumers as specified in 3103.1 -3103.3.**

MEASUREMENT CRITERIA:

The consumer records/emergency contact notes document follow-up in all high risk situations. YES___NO___

4700 RESIDENTIAL SERVICES

Introduction

Standards 4701- 4726 apply to any residential setting that provides congregate living and dining to consumers. Standards 4727-4734 relate to specific types of residential care.

4701 All residential programs certified under this section shall have program descriptions approved by the board as specified in 3108.2. The program descriptions shall address the following:

- .1 Staffing pattern of the home consistent with staffing requirements listed in standards 4727-4734 for each type of residential program certified.**
- .2 Nature and scope of the program to include services to be provided, population served, and expected outcomes.**
- .3 Staff qualifications consistent with requirements listed in standards 4727-4734 for each type of residential program certified.**
- .4 Discharge/transfer criteria and procedures.**
- .5 Service area for the program.**
- .6 Admission criteria shall include the following inclusionary criteria:**
 - (a) Require the consumer's willingness to participate in daily structured activities as addressed in the most recent treatment plan.**
 - (b) Require a principal psychiatric diagnosis.**
 - (c) Require a combination of the following criteria, whose severity would preclude treatment in a less restrictive environment:**
 - (1) Impaired contact with reality manifested by hallucinations, delusions, or ideas of reference**
 - (2) Withdrawal, regression, or confusion not warranting inpatient hospitalization**
 - (3) Moderate to severe disabling depression**
 - (4) Moderate to severe disabling anxiety**
 - (5) Disabling somatic symptoms**
 - (6) Poor medication compliance**
 - (7) Inpatient care is not warranted**
 - (8) Poor socialization skills**
 - (9) Inappropriate attention-seeking behaviors**
 - (10) Poor interpersonal skills**
 - (11) Inadequate problem solving skills**
 - (12) In need of 24 hour protective oversight and supervision in daily living**
- .7 Exclusionary criteria must include the following:**
 - (a) Principal diagnosis of alcoholism or drug dependence**

- (b) Primary physical disorder (serious illness requiring hospital care, nursing care, home health care or impaired mobility which prohibits participation in program services)
 - (c) Primary organic disorder (brain damage)
 - (d) Principal diagnosis of mental retardation
- .8 The Program description should indicate that the following services, at a minimum, are either provided for in-house or arranged for by the residential staff depending upon the needs of the individual consumer:
- (a) Assistance in applying for benefits.
 - (b) Assistance in improving social and communication skills.
 - (c) Assistance with medication management.
 - (d) Assistance in the development of basic living skills (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety).
 - (e) Vocational services.
 - (f) Community orientation.
 - (g) Recreation and activities.
 - (h) Assistance in locating long term community placement in least restrictive setting.
 - (i) Transportation to and from necessary community services and supports.
 - (j) Education about psychiatric illness.
 - (k) Family support and education.
 - (l) The program description for adult therapeutic group home must include at a minimum the provision of Intensive Day Treatment services within the home.
 - (m) The program description for a crisis residential program must include the provision of Partial Hospitalization Program services within the facility.
 - (n) The program description for a child/adolescent residential program must include a description of how the child/adolescent shall continue to receive appropriate education while in the program.
- .9 The program description addresses a procedure for referral to the appropriate resource (DHR, Probate Court. etc.) for those consumers who may need a legal guardian while residing in the program.

MEASUREMENT CRITERIA: The program description(s) is (are) consistent with all components as specified in .1-.9 above (YES ___ NO ___). If NO, list the type(s) of program(s) and the deficiencies for each as applicable:

Adult residential care home : YES___No___NA___

Deficiencies: _____

Adult residential care home with basic specialized services:

YES___NO___NA___ Deficiencies: _____

Adult residential care home with specialized medical services: YES___ NO___

NA___ Deficiencies: _____

Adult residential care home with specialized behavioral services: YES___NO___

NA___ Deficiencies _____

Adult therapeutic group home: YES___NO___ NA___

Deficiencies: _____

Crisis residential program: YES___NO___ NA___

Deficiencies: _____

Child/Adolescent program: YES___NO___ NA___

Deficiencies: _____

4702 Residential facilities, with the exception of apartments, shall demonstrate on site staff coverage 24 hours a day, seven days per week.

MEASUREMENT CRITERION:

The staff duty roster documents that there is 24 hour a day on site staff coverage 7 days a week. YES _____ NO _____

4703 All residential staff must be certified in first aid and cardiopulmonary resuscitation (CPR) from an agency that is authorized to issue such certification.

MEASUREMENT CRITERIA:

The personnel records of all residential staff have current certification for First Aid and CPR. YES _____ NO _____

The certifications in First Aid (YES___NO___) and CPR (YES___NO___) are from an authorized certifying agency. Staff are trained prior to working alone with consumers. YES___NO___

4704 All residential staff as well as consumers shall receive training in infection control and prevention in accordance with an approved curriculum.

MEASUREMENT CRITERIA:

There is documentation that all residential staff and consumers have received training in infection control and prevention prior to working with consumers.

YES___ NO___

The training was conducted consistent with the approved curriculum.

(YES___NO___). There is documentation that consumers have received training. YES___NO___

4705 All residential staff who provide transportation for consumers must have a drivers license valid in Alabama. The license shall be appropriate for the type of vehicle being operated by the driver.

MEASUREMENT CRITERIA:

There is documentation that all residential staff who transport consumers have a current driver's license valid in Alabama. YES _____ NO _____

The drivers have the appropriate type license, e.g., regular, license, chauffeur, or commercial. YES _____ NO _____

4706 Consumers admitted to each type of residential program meet the admission criteria as specified in 4701.6.

MEASUREMENT CRITERIA:

Consumer records document that the consumer is willing to participate in daily structure activities. YES _____ NO _____

Consumer records document that consumers admitted to each type of residential program (s) meet the admission criteria. YES _____ NO _____

4707 Consumers admitted to each type of residential program do not meet exclusionary criteria as specified in 4701.7.

MEASUREMENT CRITERION:

Consumer records document that consumers admitted to the residential program do not meet any reasons for denial of admission. YES ___ NO__

4708 Residential programs shall provide or arrange access to a wide range of services. The following services, at a minimum, should be either provided in-house or arranged for by the residential staff, depending upon the needs of the individual consumer:

- .1 Assistance in applying for benefits**
- .2 Assistance in improving social and communication skills**
- .3 Assistance with medication management**
- .4 Assistance in the development of basic living skills (money management, laundering, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety)**
- .5 Vocational services**
- .6 Community orientation**
- .7 Recreation and activities**
- .8 Assistance in locating long term community placement in least restrictive setting**
- .9 Transportation to and from necessary community services and supports**
- .10 Education about psychiatric illness**
- .11 Family support and education**

MEASUREMENT CRITERIA:

Monthly/weekly schedule of activities and consumer/staff member interviews confirm that the appropriate services are being accessed or provided to consumers of residential services (YES ____ NO ____). The consumers' records indicate that the required services are being provided (YES ____ NO ____). The consumers records indicate the provision of communication access for deaf or hard of hearing consumers consistent with programming offered by the home. YES ____ NO ____ NA ____

- 4709 The residential program will provide each consumer a variety of three (3) nutritious meals plus snacks per day seven (7) days per week. (Exception: Consumers served a meal at another location).**

MEASUREMENT CRITERIA:

There are weekly menus that document all meals scheduled for the week (YES ____ NO ____). Any substitutions were noted in writing on the published menu (YES ____ NO ____).

The weekly menus meet the USDA nutritional guidelines (YES ____ NO ____).

If NO, delineate deficiencies: _____

- 4710 There are procedures for the program to provide or assure that a nutritious meal is provided for those consumers who are involved in activities outside of the home during meal times.**

MEASUREMENT CRITERIA:

Written procedures address the provision of meals while consumers are away from the program. YES ____ NO ____

There is evidence that these procedures are followed.

YES ____ NO ____

- 4711 Special diets shall be prepared as necessary and as prescribed by a physician.**

MEASUREMENT CRITERIA:

There is a policy regarding the preparation of special diets when prescribed by a physician (YES ____ NO ____). A nutritionist/dietitian is consulted for the preparation of special diets prescribed by the physician (YES ____ NO ____).

Consumer records document that consumers receive special diets when required (YES ____ NO ____).

- 4712 The residential program staff shall not serve as the legal guardian for consumers of the residential facility.**

MEASUREMENT CRITERIA:

There is a policy that states that the residential staff shall not serve as a legal guardian for consumers. YES ____ NO ____

There is no evidence that this policy is not implemented. YES ____ NO ____

- 4713 All filled prescriptions controlled by staff of residential facilities must be stored in a locked cabinet or other substantially constructed storage area that precludes unauthorized entry.**

MEASUREMENT CRITERIA:

Observation on site and interviews with staff and consumers reveals compliance with this regulation. YES ____ NO ____

There must be a written policy that medication cabinets be locked when not in use. YES ____ NO ____

- 4714 There shall be a written policy regarding disposition of unused medication in residential programs.**

MEASUREMENT CRITERION:

The residential program policies include a policy on the disposition of unused medication. YES ____ NO ____

- 4715 There must be written procedures for handling the disruptive behavior of consumers. Staff shall be trained in these procedures. Such procedures shall include:**

- .1 Access to agency backup staff and appropriate community personnel.**
- .2 If incarceration is necessary, the following procedures are required or documentation why in an individual case they could not be implemented:**
 - (a) Face-to-face contact by a mental health professional either prior to or within two (2) hours of incarceration.**
 - (b) A staff member will ensure that the consumer receives prescribed medication while incarcerated.**
 - (c) Daily visits by a staff member during incarceration unless it is considered to be non-therapeutic and is so documented in the consumer's record.**
 - (d) If the consumer is on temporary visit status, the state hospital will be notified within 24 hours.**
 - (e) The family will be notified within 24 hours.**

MEASUREMENT CRITERIA:

There is a written policy for the handling of disruptive behavior that includes all of the above criteria (YES ____ NO ____). If NO, delineate deficiencies: ____

Staff have been trained in these procedures. YES ____ NO ____

Consumer records document that the procedures are implemented as written or there is documentation to justify the reasons the policy was not followed (YES ____ NO ____ NA ____).

- 4716 Consumers will not be discharged from the residential program solely on the basis of a single positive urinalysis which reveals the presence of alcohol, illegal drugs, or unprescribed medication.**

MEASUREMENT CRITERIA:

There is a policy that consumers will not be discharged solely on the basis of one positive urine analysis showing the presence of alcohol, illegal drugs, or unprescribed medication. YES ____ NO ____

Consumer records document that this policy is being implemented as required. YES ____ NO ____ NA ____

- 4717 At the time of admission, the provider will secure an agreement with the consumer, family member, placing agency, or significant other indicating who will be responsible for medical and dental expenses.**

MEASUREMENT CRITERION:

Consumer records contain written agreements regarding responsibility for medical and dental expense. YES ____ NO ____

- 4718 All residential programs must demonstrate their consumers' accessibility to a local licensed hospital for the purpose of providing emergency hospital care.**

MEASUREMENT CRITERIA:

There is a written agreement with a local hospital (YES ____ NO ____ NA ____) or other documentation that the consumer has accessibility to a local hospital for emergency care when necessary (YES ____ NO ____ NA ____).

- 4719 Residential programs will assist consumers in obtaining necessary medical care.**

MEASUREMENT CRITERIA:

There is a written procedure for assisting consumers in obtaining medical care. YES ____ NO ____

Consumer records document that consumers were referred for medical care as indicated. YES ____ NO ____ NA ____

- 4720 First aid supplies in the type and quantity approved by a registered nurse or a pharmacist shall be kept in a readily accessible location and will be restocked as necessary. The first aid supplies shall at a minimum include: gloves, CPR mask, 4x4 dressing(s), gauze, Band-Aids, adhesive tape, antiseptic wipes, antibiotic ointment, alcohol pad, and tongue depressors.**

MEASUREMENT CRITERIA:

Observation of site reveals that first aid supplies are located in an area accessible to staff on all shifts (YES ____ NO ____) and include the type and quantity specified by RN or RPH (YES ____ NO ____) and include the minimum items specified above (YES ____ NO ____).

- 4721 There shall be adequate room for private visits with relatives and friends, for small group activities, and for social events and recreational activities. In homes occupied by deaf or hard of hearing consumers, a TTY must be present in order to allow the consumer to make and receive telephone calls.**

MEASUREMENT CRITERION:

Observation of site reveals that there is adequate room for the above listed activities (YES ____ NO ____). There is a TTY present if deaf or hard of hearing consumers reside in the residential program (YES ____ NO ____ NA ____).

- 4722 Radios, television, books, current magazines and newspapers, games, etc. shall be available for consumers. In homes occupied by deaf or hard of hearing consumers, the television will have working closed caption decoders and such decoders will be turned on.**

MEASUREMENT CRITERION:

Observation of site reveals that the above items are available for consumers (YES ____ NO ____). Closed caption decoders are in working order/in use on televisions if deaf/hard of hearing consumers reside in the residential program (YES ____ NO ____ NA ____).

- 4723 In the case of an unexpected or unexplained death, the provider will report the death to the Department of Mental Health/Mental Retardation as soon as possible, request the local police or sheriff to conduct an investigation, and report the death to the County Medical Examiner or assure that the death is reported to the County Medical Examiner.**

MEASUREMENT CRITERIA:

There has been an unexplained death since the last certification visit (YES ____ NO ____). If YES, the death was reported as described above (YES ____ NO ____) on a timely basis (YES ____ NO ____), If NO, please describe the deficiency: _____

- 4724 If the provider uses residential beds for respite services (also known as crisis respite), the following criteria must be met:**

- .1 There are written admission criteria, expected length of stay, and continued stay criteria.**

- .2 There is a written screening/referral protocol.**
- .3 Services provided must be appropriate to meet the identified needs of each person admitted for crisis respite services.**
- .4 The beds must be in a program certified under this Section. Programs where all beds are used for crisis residential services must meet the requirements in 4701-4726 and 4733.**

MEASUREMENT CRITERIA:

Beds are used for crisis respite (YES___NO___NA___). If YES, the admission criteria (YES___NO___), expected LOS (YES___NO___), continued stay criteria (YES___NO___), and screening/referral protocol (YES___NO___) are written. Records of consumers admitted for crisis respite document that services met the identified clinical/supervision needs (YES)___NO___). The beds used for crisis respite are otherwise certified under 4700 (YES___NO___).

- 4725 The capacity of each type of residential program shall not exceed 10 except in cases where programs in excess of 10 were certified under previous editions of these standards. Programs in excess of a capacity of 10 that have been previously certified are eligible to continue to be certified at the existing capacity at the existing location so long as compliance with all other applicable standards is maintained. If a previously certified program with a capacity greater than 10 changes location, the new location cannot exceed a capacity of 10 unless a waiver of this requirement, applied for in writing, is granted by the Commissioner of DMH/MR.**

MEASUREMENT CRITERION:

The capacity of the program conforms to the requirements. YES___NO___

- 4725 There shall be written program rules developed in accordance with the following principles:**
- .1 Program rules shall be developed with active participation of consumers and staff.**
 - .2 Program rules shall promote individual responsibility and prohibit rules for staff convenience and rules based on one person's behavior.**
 - .3 Program rules shall be based on the Rights Protection and Advocacy guidelines for consumer rights and responsibilities.**
 - .4 Program rules shall address the following areas at a minimum:**
 - (a) Visitation hours**
 - (b) Sign in/out requirements**
 - (c) Curfew**
 - (d) Sexual contact on provider/facility property which respect consumer's dignity, privacy, and need for social interaction with others**

- (e) Supervised access to the kitchen for health and safety reasons
- (f) Possession and consumption of legal and illegal substances
- (g) Possession of weapons
- .5 Program rules shall provide for resolution of disputes on an individual basis. When necessary, adjustments should be made to the treatment plan.
- .6 Program rules shall make clear the consequences when rules are not followed.
- .7 Program rules shall limit chores to those necessary to maintain personal and treatment areas and prohibit using consumers for other duties unless the consumer chooses to perform these duties and is compensated fairly.

MEASUREMENT CRITERIA:

There are written program rules (YES___NO___). There is documentation that consumers participated in development of the rules (minutes of resident meetings, signature of consumers on program rules, etc.) (YES___NO___). The program rules reflect the required principles (YES___NO___). If NO, list the areas where the program rules are deficient : _____

PROGRAMS WILL BE CERTIFIED AS A SPECIFIC TYPE FROM THE FOLLOWING LIST 4727 - 4734.

4726 An adult small capacity residential home must meet the following criteria:

- .1 The program coordinator shall have a bachelor's degree in a mental health related field, shall have two years experience in a direct service area, and be trained in recovery/psychiatric rehabilitation principles at the time of employment or as soon as possible thereafter, but not later than the next scheduled training session. Alternatively, the coordinator should shall have three years experience in a mental illness residential setting, demonstrate the ability to communicate clearly orally and in writing, demonstrate the ability the maintain clinical records in accordance with standards, and be trained in recovery/psychiatric rehabilitation principles at the time of employment or as soon as possible thereafter, but not later than the next scheduled training session.
- .2 All staff have received initial and at least annual training related to the target population and psychiatric rehabilitation.
- .3 The program has the following staffing pattern:
Day Shift – 1 Program Coordinator (5 days per week) and 1 Mental Health Worker (2 days per week)
Evening Shift – 1 Mental Health Worker (7 days per week)

Night Shift – 1 Mental Health Worker (7 days per week)

- .4 The program shall provide specialized services that are based on the admission criteria as referenced in the program description.**
- .5 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**

MEASUREMENT CRITERIA:

*The program coordinator has the required qualifications (YES___NO___).
The staff have received initial and at least annual training related to the needs of the target population (YES___NO___) and psychiatric rehabilitation (YES___NO___). The program has the required staffing pattern (YES___NO___). The program operates in compliance with the program description (YES___NO___). Effective communication access is provided if deaf/hard of hearing consumers are present. (YES___NO___NA___).*

4727 An adult residential care home must meet the following criteria:

- .1 The program coordinator shall have a bachelor's degree in a mental health related field and two years experience in a direct service functional area.**
- .2 All staff have received initial and at least annual training related to the target population.**
- .3 The program has the following staffing pattern:
Day shift – 1 BA (5 days/week), .25 secretary/aide (5 days/week), and 1 Mental Health Worker (2 days/week)
Evening shift – 1 Mental Health Worker (7 days/week)
Night shift – 1 Mental Health Worker (7 days/week, night shift can sleep)**
- .4 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**

MEASUREMENT CRITERIA:

*Each coordinator has the required qualifications (YES___ NO ___). If NO, a written exception has been issued by DMH/MR (YES ___ NO ___ NA ___).
The program operates in compliance with the program description (YES ___ NO ___). Staff have received initial and at least annual training related to the target population (YES ___ NO ___). The staffing pattern conforms to the requirements (YES___NO___). Effective communication access is provided if deaf/hard of hearing consumers are present (YES___NO___NA___).*

4729 An adult residential care home with basic specialized services must meet the following criteria:

- .1 The program coordinator shall have a bachelor's degree in a mental health related field and two years experience in a direct service functional area.**
- .2 All staff shall receive initial and at least annual training related to the special needs of the population served.**
- .3 The program shall provide specialized services that are based on the admission criteria as referenced in the program description.**
- .4 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**
- .5 The program has the following staffing pattern:
Day shift – 1 BA (5 days/week), .25 secretary/aide (5 days/week), and 1 Mental Health Worker (2 days per week)
Evening shift – 1 Mental Health Worker (7 days/week)
Night shift - 1 Mental Health Worker (7 days/week, awake)**

MEASUREMENT CRITERIA:

*Each coordinator has the required qualifications (YES ____ NO ____). If NO, a written exception has been issued by DMH/MR (YES ____ NO ____ NA ____).
The staff have received initial and at least annual training related to the special needs of the target population (YES ____ NO ____). The program operates in compliance with the program description (YES ____ NO ____) and the staffing pattern (YES ____ NO ____). Effective communication access is provided if deaf/hard of hearing consumers are present (YES ____ NO ____ NA ____).*

4730 An adult residential care home with specialized medical services must meet the following criteria:

- .1 The program coordinator shall be a registered nurse.**
- .2 All staff shall receive initial and at least annual training related to the special needs of the population served.**
- .3 The program shall provide specialized services that are based on the admission criteria as referenced in the program description.**
- .4 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**
- .5 The program has the following staffing pattern:
Day shift – 1 registered nurse (7 days/week), .25 secretary/aide (5 days/week), 1 Mental Health Worker (7 days/week)
Evening shift – 1 licensed practical nurse and 1 Mental Health Worker (7 days/week)**

**Night shift - 1 licensed practical nurse and 1 Mental Health Worker
(both 7 days/week, both awake)**

MEASUREMENT CRITERIA:

Each coordinator has the required qualifications (YES ____ NO ____). If NO, a written exception has been issued by DMH/MR (YES ____ NO ____ NA ____).

The staff have received initial and at least annual training related to the special needs of the target population (YES ____ NO ____).

The program operates in compliance with the program description (YES ____ NO ____) and the staffing pattern (YES ____ NO ____). Effective communication access is provided if deaf/hard of hearing consumers are present (YES ____ NO ____ NA ____).

4731 An adult residential care home with specialized behavioral services must meet the following criteria:

- .1 The program coordinator shall have a bachelor's degree in a mental health related field and two years experience in a direct service functional area.**
- .2 All staff shall receive initial and at least annual training related to the special needs of the population served.**
- .3 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**
- .4 The program shall provide specialized services that are based on the admission criteria as referenced in the program description.**
- .5 The program has the following staffing pattern:
Day shift – 1 BA (5 days/week), .25 secretary/aide (5 days/week), and 1 Mental Health Worker (2 days/week)
Evening shift – 2 Mental Health Workers (7 days/week)
Night shift – 2 Mental Health Workers (7 days/week, both awake)**

MEASUREMENT CRITERIA:

Each coordinator has the required qualifications (YES ____ NO ____). If NO, a written exception has been issued by DMH/MR (YES ____ NO ____ NA ____).

The staff have received initial and at least annual training related to the special needs of the target population (YES ____ NO ____). The program operates in compliance with the program description (YES ____ NO ____) and the staffing pattern (YES ____ NO ____). Effective communication access is provided if deaf/hard of hearing consumers are present (YES ____ NO ____ NA ____).

4732 An adult therapeutic group home must meet the following criteria:

- .1 The program coordinator shall have a master's degree in a mental health related field and at least two years post master's experience in a direct service position.**

- .2 The program must include at a minimum the provision of intensive day treatment services within the home.**
- .3 All staff shall receive initial and at least annual training related to the needs of the target population.**
- .4 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**
- .5 The program has the following staffing pattern:
Day shift – 1 MA (5 days per week), 2 BA (7 days per week), .5 secretary/aide (5 days per week)
Evening shift – 1 Mental Health Worker (7days per week)
Night shift – 1 Mental Health Worker (7 days per week, awake)**

MEASUREMENT CRITERIA:

Each therapeutic group home coordinator has the required qualifications (YES ___ NO ___). The staff have received initial and at least annual training related to the needs of the target population (YES ___ NO ___). The program operates in compliance with the program description (YES ___ NO ___) and the staffing pattern (YES ___ NO ___). Effective communication access is provided if deaf/hard of hearing consumers are present (YES ___ NO ___ NA ___).

4733 A crisis residential program must meet the following criteria:

- .1 The program coordinator shall have a master's degree in a mental health related field and two years post master's experience in a direct service functional area or be a registered nurse with two years of psychiatric inpatient experience.**
- .2 The program shall provide partial hospitalization services within the facility.**
- .3 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**
- .4 A psychiatrist shall make daily rounds Monday through Friday and shall be on call seven (7) days per week.**
- .5 All staff shall receive initial and at least annual training related to the target population.**
- .6 The program has the following staffing pattern:
Day shift - .25 Psychiatrist, 1 MA (7 days per week), 1 BA (5 days per week), 1RN (5 days per week), and 1 secretary/aide (5 days per week)
Evening shift – 1 MA (5 days per week), 1 LPN and 1 Mental Health Worker (both 7 days per week)
Night shift – 1LPN and 1 Mental Health Worker (both 7 days per week, awake)**

MEASUREMENT CRITERIA:

Each coordinator has the required qualifications (YES ___ NO ___). The program provides PHP services within the facility (YES___ NO___). A psychiatrist makes daily rounds Monday through Friday (YES ___NO ___). A psychiatrist documents the results of daily rounds (YES___ NO___). Staff have received initial and at least annual training related to the target population (YES___ NO___). The program operates in compliance with the program description (YES___NO___) and the staffing pattern (YES___NO___). Effective communication access is provided if deaf/hard of hearing consumers are present (YES___NO___NA___).

4734 A child/adolescent program must meet the following criteria:

- .1 The program coordinator shall have a master's degree in a mental health related field and shall have at least two years post master's experience in a direct service functional area. One of the two years post master's experience must be with children/adolescents.**
- .2 Children/adolescents shall continue to receive an appropriate education while in the residential program. Children and adolescents shall receive 6 hours of education each day unless modified by an Individual Education Program (IEP). If the educational program is provided by the residential program, it must be registered with the State Department of Education.**
- .3 All staff shall receive initial and annual training related to the target population of 20 hours per year with two of those 20 hours involving the perspective of families and consumers with regard to residential treatment.**
- .4 The frequency and intensity of treatment interventions must be specified in the individual treatment plans.**
- .5 The treatment plans are consistent with the admission criteria.**
- .6 Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided.**
- .7 The child/adolescent will be assessed for special education service, if deemed appropriate.**
- .8 The child/adolescent IEP should be followed while in residential care and/or updated accordingly. The legal guardian needs to be informed of any meeting regarding an update or alteration in the child/adolescent's IEP.**
- .9 Special needs services such as speech therapy and occupational therapy which the child may be receiving prior to admission must be continued during a stay in residential care.**

- .10 Children/adolescents shall receive at least one hour of individual therapy and group therapy each week.**
- .11 The clinical backgrounds of the children and adolescents should be considered when room assignments are made.**
- .12 30 days prior to discharge the residential facility will begin coordinating recommended transitional services.**
- .13 Upon discharge, with the permission of the legal guardian-personal representative, the facility will set up appointments for the child/adolescent for all recommended follow-up services.**
- .14 Upon discharge, the personal representative ~~legal guardian~~ will be given a list of all medication given during the residential stay and an explanation for why they were prescribed and the reason for discontinuation, if appropriate.**

MEASUREMENT CRITERIA:

Each coordinator has the required qualifications (YES ___ NO ___). If NO, a written exception has been issued by DMH/MR (YES ___ NO ___ NA ___). The program has arranged or provides an appropriate education for the consumers (YES ___ NO ___). Staff have received initial (before working alone with consumers) and 20 hours of annual training related to the target population with two of those hours involving family and child/adolescent perspective (YES___NO ___). The program operates in compliance with the program description (YES ___ NO ___) . The Treatment Plans specify the intensity and frequency of treatment interventions (YES___NO___) and are consistent with the admission criteria (YES___NO___). Effective communication access is provided if deaf/hard of hearing consumers are present (YES__NO___NA___).

4800 GENERAL OUTPATIENT

4801 The Program description is approved by the board as specified in 3108.2 and is consistent with the provisions of this section. The program description must include all of the following components:

- .1 A description of the nature and scope of the program that outlines General Outpatient Services provided including any of the services as specified in 4804 and as indicated by individual consumer needs and preferences.**
- .2 Discharge/transfer criteria and procedures.**
- .3 A description of the service area for the program.**
- .4 Admission criteria.**

MEASUREMENT CRITERION:

The program description is consistent with all components as specified in .1-.4 above (YES___ NO___). If NO, list the deficiencies: _____

4802 The staff of this program are in compliance with standards in section 2200 of this manual or with specific criteria noted for certain services in 4804 below.

MEASUREMENT CRITERIA:

As evidenced by personnel records, staff conform to standards in 2201 (YES___NO___) and to specific criteria in 4804 (YES___NO___).

4803 Each consumer admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/implementation of the treatment plan. Services prescribed on the treatment plan may be coordinated by a person with a Bachelor's Degree.

MEASUREMENT CRITERIA:

Consumer records document assignment to an appropriately qualified staff member/clinical team (YES___NO___). The staff member/clinical team coordinates/implements the treatment plan (YES___NO___).

4804 Outpatient services shall include a variety of treatment modalities and techniques. If the following services are provided, they must meet the key service functions:

- .1 Intake - Key service functions include at least:**
 - (a) A clinical interview with the consumer and/or family members, legal guardian, significant other.**
 - (b) Screening for needed medical, psychiatric, or neurological assessment as well as other specialized evaluations.**
 - (c) A brief mental status examination.**

- (d) Review of the consumer's presenting problem, symptoms, functional deficits, and history.
 - (e) Initial diagnostic formulation.
 - (f) Development of an initial plan for subsequent treatment and/or evaluation.
 - (g) Referral to other medical, professional, or community services as indicated.
- .2 Diagnostic Testing - Key service functions include the administration and interpretation of standardized objective and/or projective tests of an intellectual, personality, or related nature.
- .3 Individual Counseling- Key service functions include at least:
 - (a) Face-to-face interaction where interventions are tailored toward achieving specific measurable goals and/or objectives of the consumer's treatment plan,
 - (b) On-going assessment of the consumer's pre-existing condition and progress being made in treatment.
 - (c) Symptom management education and education about mental illness and medication effects.
 - (d) Psychological support, problem solving, and assistance in adapting to illness.
- .4 Group Counseling- Key service functions include at least:
 - (a) Face-to-face interaction with a group of consumers (not to exceed 15 for adults and 10 for children and adolescents) where interventions are tailored toward achieving specific measurable goals and/or objectives of the consumer's treatment plan.
 - (b) On-going assessment of the consumer's presenting condition and progress being made in treatment.
- .5 Family Counseling- Key service functions include at least:
 - (a) Face-to-face interaction with the consumer, family, and/or significant others where interventions are tailored toward achieving specific measurable goals and/or objectives of the consumer's treatment plan, and
 - (b) On-going assessment of the consumer's presenting condition and progress being made in treatment.
- .6 Pre-hospitalization screening/court screening (RN is also a qualified provider) - Key service functions include at least:
 - (a) A clinical assessment of the consumer's need for local or state psychiatric hospitalization.
 - (b) An assessment of whether the consumer meets involuntary commitment criteria, if applicable.

- (c) Preparation of reports for the judicial system and/or testimony presented during the course of a commitment hearing.
 - (d) An assessment of whether other less restrictive treatment alternatives are appropriate and available.
 - (e) Referral to other appropriate and available treatment alternatives.
 - (f) Coordination with state hospital staff, probate judge, and public mental health center (if provider is not one) as specified in a written agreement.
- .7 Physician Assessment and Treatment - Key service functions include at least:
 - (a) Specialized medical/psychiatric assessment of physiological phenomena.
 - (b) Psychiatric diagnostic evaluation.
 - (c) Medical/psychiatric therapeutic services.
 - (d) Assessment of the appropriateness of initiating or continuing the use of psychotropic medication.
 - (e) Assessment of the need for inpatient hospitalization.
- .8 Medication Administration - Key functions include the administration of injectable or oral psychotropic medications as directed by a physician (RN or LPN are the only qualified providers).
- .9 Medication monitoring - face-to-face contact between a consumer and a mental health professional, registered nurse, or licensed practical nurse. Key service functions include:
 - (a) Review of the overt physiological effects of medication.
 - (b) Monitoring compliance with dosage instructions.
 - (c) Instructing the consumer and/or caregivers of expected effects.
 - (d) Assessing the consumer's need to see the physician.
 - (e) Recommending changes in the medication regime.
- .10 Basic living skills - psychosocial services provided by a staff member supervised by another staff member who has at least a master's degree and two (2) years of post-master's clinical experience on an individual or group basis to enable a consumer(s) to maintain community tenure and to improve their capacity for independent living. Key service functions include the following services as appropriate to individual consumer needs:
 - (a) Training and assistance in developing/maintaining skills such as personal hygiene, housekeeping, meal preparation, shopping, laundry, money management, using public transportation, medication management, health lifestyle, and stress management.

- (b) **Consumer education about the nature of the illness, symptoms, and the consumer's role in management of the illness.**
- .11 Family support - Services provided by a staff member under the supervision of another staff member who has a master's degree and two (2) years of post-master's clinical experience to families (caregivers, significant others) of mentally ill consumers to assist them in understanding the nature of the illness of their family member and how to help the consumer be maintained in the community. Key service functions include at least education about:**
 - (a) **The nature of the illness**
 - (b) **Expected symptoms**
 - (c) **Medication management**
 - (d) **Ways in which the family member can support the consumer**
 - (e) **Ways in which the family member can cope with the illness**
- .12 In-home Intervention - time-limited, home-based services provided by a treatment team to defuse an immediate crisis situation, stabilize the family unit, and prevent out-of-home placement of the consumer. For child and adolescent programs, the team is composed of a person with a master's degree in a mental health related field and one year's post-master's experience in child and adolescent or family therapy and one person with a bachelor's degree. Both team members must have successfully completed a DMH/MR approved Case Manager Training Program and a DMH/MR approved In-home Training Program. For adult programs, the team is composed of a person with a master's degree in a mental health related field or a registered nurse and a person with a bachelor's degree. Each member of the adult team must have successfully completed a DMH/MR approved Case Manager Training Program. Key service functions include as necessary:**
 - (a) **Individual and family counseling/family support and education.**
 - (b) **Crisis management (24 hour availability).**
 - (c) **Parent/guardian training.**
 - (d) **Linkage to other community resources.**
 - (e) **Medication monitoring and, for adults, medication administration if an RN is a member of the adult in-home team.**
 - (f) **Case management.**
 - (g) **Basic Living Skills.**
 - (h) **Mental Health Consultation.**
 - (i) **Treatment plan must be completed within 30 days of the first face-to-face contact with the consumer. The Treatment Plan should address the treatment needs identified in the SUN Assessment.**

- .13 Consumers who are deaf, hard of hearing, or limited English proficient will have effective communication access to these services, provided by: 1) bi-lingual staff fluent in the consumer's preferred language, or, 2) a qualified interpreter.**

MEASUREMENT CRITERIA:

Treatment staff has training and experience in a variety of techniques (YES___NO___).

Program statistics document a variety of modalities (YES___NO___). Records of consumers who are deaf or limited English proficient indicate the provision of linguistically appropriate services (YES___NO___).

Consumer records for each outpatient service provided (.1 through .12 above) document the provisions of at least the key service functions as listed in .1-.12 service areas.

4900 DESIGNATED MENTAL HEALTH FACILITIES

4900 OUTPATIENT COMMITMENTS

To be a Designated Mental Health Facility (DMHF) for Outpatient Commitment purposes, an agency must meet the requirements to be certified as a Community Mental Health Center, apply for designation, and be approved by the Department of Mental Health/Mental Retardation.

MEASUREMENT CRITERIA:

The agency is certified as a community mental health center (YES___NO___). The agency submitted an application to be a Designated Mental Health Facility for Outpatient Commitment (YES___NO___). The application was approved by DMH/MR (YES___NO___).

4901 INPATIENT COMMITMENTS - HOSPITAL

For a hospital to be a Designated Mental Health Facility for purposes of Inpatient Commitment and/or detaining a person in accordance with the Community Mental Health Officer Act, it must operate psychiatric beds that have the ability to receive persons for evaluation, examination, admission, detention or treatment pursuant to the provisions of the Commitment Law and meet the following criteria:

- .1 Be accredited for psychiatric inpatient services by the Joint Commission on Accreditation of Healthcare Organizations and acknowledge that by being a DMHF, the Office of Advocacy Services will investigate and review complaints using the Consumer Protection Standards or be certified by Medicare and acknowledge that by being a DMHF, the Office of Advocacy Services will investigate and review complaints using the Consumer Protection Standards and Adult Seclusion and Restraint Standards.**
- .2 Apply for designation.**
- .3 Be approved.**
- .4 Agree to forward reports of renewals of JCAHO or Medicare accreditation immediately upon receipt as well as copies of any other JCAHO or Medicare action that affects their accreditation status in any way.**

MEASUREMENT CRITERIA:

The hospital is JCAHO accredited for psychiatric services (YES___NO___) and acknowledges that the Office of Advocacy Services will investigate/review complaints using 3200 (YES___NO___NA___) or the hospital is Medicare certified for psychiatric services (YES___NO___)

and acknowledges that the Office of Advocacy Services will investigate/ review complaints using 3200 and 4904 (YES___NO___NA___). The hospital applied for designation (YES___NO___). The application was approved (YES___NO___). Changes in JCAHO or Medicare status were reported (YES___NO___).

4902

INPATIENT COMMITMENTS – NON-HOSPITAL

To be a Designated Mental Health Facility for purposes of Inpatient Commitment and/or detaining a person in accordance with the Community Mental Health Officer Act, an agency must meet the following criteria:

- .1 Be certified as a Community Mental Health Center.**
- .2 The location of the DMHF must be an adult residential program that is certified under Section 4700 except for_a residential care home.**
- .3 Have the ability to receive persons for evaluation, examination, admission, detention or treatment pursuant to the provisions of the Commitment Law.**
- .4 Have a staff member who is a licensed psychologist, licensed certified social worker, licensed professional counselor, or a nurse with a master's degree in psychiatric nursing with ready access to the Clinical Director or a consulting psychiatrist to perform an evaluation of the respondent and, at a minimum, address the following areas in writing:**
 - (a) The manner in which the security available in residential program will meet the security needs of the respondent.**
 - (b) A determination that the respondent meets the admission criteria of the residential program.**
 - (c) The manner in which the treatment services available through the residential program will meet the identified treatment needs of the respondent.**
 - (d) The manner in which the respondent's need for nursing services can be met in the residential program.**
 - (e) The estimated need for seclusion/restraint.**
- .5 The agency's representative reports to the Probate Judge that the respondent can be appropriately served in the residential program.**
- .6 If a person is committed to the residential facility following the final hearing, the community mental health center psychiatrist approves the admission to the residential program in writing.**
- .7 Be able to quickly transfer an involuntarily committed individual to a more secure/intensive environment by transfer to either a local or state hospital.**

- .8 Be able to bring in supplemental staff in cases where a consumer is awaiting transfer or otherwise needs additional supervision.**
- .9 Notify the Admission Office of the respective state hospital of the admission or transfer of a person who is involuntarily committed.**
- .10 Notify the committing Probate Court whenever an involuntarily committed individual is transferred from the designated mental health facility to another location.**
- .11 If seclusion and restraint are used, such use occurs only in facilities certified as crisis residential and conforms with Section 3600.**

MEASUREMENT CRITERIA:

The agency is certified as a community mental health center (YES___NO___). The agency operates a residential program (YES___NO___) that is certified under the Residential Services section (YES___NO___). The agency has written procedures for quickly transferring an individual (YES___NO___). The agency demonstrates the capability to quickly bring in supplemental staff (YES___NO___). Has it been necessary to transfer a respondent (YES___NO___)? If so, how long did it take to make a transfer? Has it been necessary to bring in supplemental staff (YES___NO___)? If so, how long did it take to bring in the staff? The agency has a qualified staff person to perform the required evaluation (YES___NO___). There are procedures in place that assure access to the Clinical Director or to a consulting psychiatrist, if needed (YES___NO___). Respondents who have been placed in a residential program have a written assessment in the clinical record that conforms to the requirements (YES___NO___). If NO, what are the deficiencies?

The written assessments demonstrate that the level of residential care matched the consumer's needs (YES___NO___). The record of the probate hearing reflects that the agency representative made the recommendation to the court that the respondent be placed in an alternative to state hospital care.

5000 CONSULTATION AND EDUCATION

5001 The agency shall provide public education which may include written material on available services, how to access them, media and public presentations, and referral information on advocate organization activities.

MEASUREMENT CRITERIA:

*Documentation of public education services is present (YES___NO___).
The public education effort includes educational material/information disseminated in the service area (YES___NO___).*

5002 The provider provides case consultation services to other agencies and collaterals.

MEASUREMENT CRITERIA:

Consumer records document appropriate mental health consultation (YES___NO___). The staff participate in cross-agency staffing/service coordination through meetings such as task forces, interagency committees, etc. (YES___NO___).

5003 The agency provides program consultation as requested by other agencies to assist the other in developing/changing services to its recipients.

MEASUREMENT CRITERIA:

List the agencies with which the provider can document program consultation:_____

*If there is no documentation of a request for provision of program consultation, the provider has the capability to respond to requests.
YES___NO___*

5100 ASSERTIVE COMMUNITY TREATMENT

5101 The program description is approved by the board as specified in 3108.2 and is consistent with the provisions of this section.

The program description must include all of the following components:

- .1 A description of the nature and scope of the program that includes at a minimum the provision of services as specified this section and as indicated by individual consumer need.**
- .2 Discharge/transfer criteria and procedures**
- .3 A description of the service area for the program**
- .4 Admission criteria that include at least the following:**
 - (a) A psychiatric diagnosis.**
 - (b) Admission approval by a psychiatrist, licensed psychologist, or the Clinical Director.**
- .5 Reflects the following characteristics and philosophy of Assertive Community Treatment Teams:**
 - (a) Multi-disciplinary staff organized as a team in which members function interchangeably to provide treatment, rehabilitation, and support to persons with serious mental illness and severe functional disability.**
 - (b) The team is the primary provider of services and is responsible for helping consumers in all aspects of community living.**
 - (c) The majority of services occur in the community in places where consumers spend their time.**
 - (d) Services are highly individualized both among individual consumers and across time for each consumer.**
 - (e) Persistent, creative adaptation of services to be acceptable to consumers provided in a manner of unconditional support.**

MEASUREMENT CRITERIA:

The program description is consistent with all components as listed in .1-.5 above (YES___NO___). If no, list the deficiencies:_____

5102 The following services must be delivered within the program as indicated by consumer need:

- .1 Intake**
- .2 Physician Assessment and Treatment**
- .3 Medication Administration**
- .4 Medication Monitoring**
- .5 Individual and/or group therapy**
- .6 Case Management**
- .7 Crisis Intervention and Resolution**
- . 8 Mental Health consultation**

- .9 Family Therapy**
- .10 Family Support and Education**
- .11 Basic Living Skills**

MEASUREMENT CRITERION:

The consumer charts document that the required services are provided.
Yes___No___

- 5103 There must be an assigned team that is identifiable by job title, job description, and job function. The team must have part-time psychiatric coverage, three full-time equivalent positions which include at least .5 FTE master's level clinician, at least .25 FTE registered nurse, and a full time Peer Specialist/case manager (staff member who has completed an approved case management training curriculum).**

MEASUREMENT CRITERIA:

The team includes the following staff members:

Part-time Psychiatrist(s) YES___NO___

Of 3 full time positions, at least .5 masters clinician (YES___NO___) and at least .25 FTE nurse (YES___NO___) and at least a Full-time Peer Specialist/case manager (YES___NO___).

- 5104 The team must function in the following manner:**

- .1 Each member of the team must be known to the consumer.**
- .2 Each member of the team must individually provide services to each client in the team's caseload.**
- .3 The team will conduct staffings of all assigned cases at least twice weekly.**
- .4 The caseload cannot exceed a 1:12 staff to client ratio where the part-time psychiatrist is not counted as one staff member.**

MEASUREMENT CRITERIA:

Records indicate that the caseload of the team does not exceed 1:12 for the three full time team members (YES___NO___).

Case staffing notes show that all team members (except the psychiatrist) participate in each staffing unless specifically excused (YES___NO___).

If the psychiatrist cannot attend all the case staffings, there is a mechanism to communicate current information to the psychiatrist in a timely manner (YES___NO___).

Consumers can name/identify their team members (YES___NO___).

- 5105 The program coordinator must have a master's degree in a mental health related field and at least two years of post-master's direct service experience or be a registered nurse with a minimum of two years psychiatric experience.**

MEASUREMENT CRITERION:

The credentials of the program coordinator/director comply with this standard.
YES___NO___

- 5106 Services must be available and accessible including effective communication access for consumers who are deaf, hard of hearing, or limited English proficient to enrolled consumers 24 hours per day/seven days per week in a manner and at locations that are most conducive to consumers' compliance with treatment and supports. (Note: It is not necessary that a member of the ACT team be on call at all times).**

MEASUREMENT CRITERION:

Records of consumer contacts indicate that services are delivered on an out-reach basis, with most service delivery occurring in non-office settings (YES___NO___). If crisis/after hours services are not provided by the team, there is a mechanism to identify ACT consumers for the person(s) on call and to communicate in a timely manner with a team member (YES___NO___).

Records of consumers who are deaf or limited English proficient indicate that services are provided by: 1) bi-lingual team members fluent in the consumer's preferred language, or, 2) with a qualified interpreter.

- 5107 The program does not limit length of stay.**

MEASUREMENT CRITERION:

Consumers are discharged from the program on the basis of clinical need, not a fixed length-of-stay. YES___NO___

- 5108 The number of contacts (defined as services listed in 5102) by individual team members and totally for the team varies according to individual consumer need, but should be:**

- .1 A minimum of once per week for consumers in a maintenance phase up to several times per day for consumers who require it.**
- .2 Done in a manner to assure that all team members provide services to and are known to the consumer and are capable of stepping in when needed.**

MEASUREMENT CRITERIA:

Consumer records document that the number of contacts reflects the consumer's current need for intensity of services. YES___NO___

Consumer records document that each consumer receives services from each team member over time. YES___NO___

Records of consumers who are deaf or limited English proficient indicate that services are provided by: 1) bi-lingual team members fluent in the consumer's preferred language, or, 2) with a qualified interpreter.

5200 PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT

5201 The program description is approved by the Board as specified in 3108.2 and is consistent with the provisions of this section. The program description must include all of the following components:

- .1** A description of the nature and scope of the program that includes, at a minimum, the provision of services as specified in this section and as indicated by individual consumer needs.
- .2** Discharge/transfer criteria and procedures that do not limit amount of time a consumer is on the team, that permit the team to remain the contact point for all consumers as needed, and that require discharges to be mutually determined by the consumer and team.
- .3** A description of the service area for the program.
- .4** Admission criteria must include at least the following:
 - (a)** Consumers with severe and persistent mental illnesses that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorder, or bipolar disorders. At least 80% of consumers have a diagnosis in the 295-296 Axis 1 range.
 - (b)** Functional impairments demonstrated by at least one of the following conditions:
 - (1)** Inability to consistently perform the range of daily living tasks required for basic adult functioning in the community or persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others such as friends, family, or relatives.
 - (2)** Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role.
 - (3)** Inability to maintain a safe living situation.
 - (c)** Consumers with one or more of the following which are indicators of continuous high-service needs (greater than 8 hours per month)
 - (1)** Two or more admissions per year to acute psychiatric hospitals or psychiatric emergency services.
 - (2)** Intractable, severe major symptoms (affective, psychotic, suicidal).
 - (3)** Co-existing substance use disorder of significant duration (greater than 6 months).
 - (4)** High risk of or recent criminal justice involvement.
 - (5)** Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless.

- (6) Residing in an inpatient bed or in a supervised community residence, but clinically assessed as being able to live in a more independent living situation if intensive services are provided or requiring residential/inpatient placement if more intensive services are not available.
 - (d) Admission approval by a psychiatrist, licensed psychologist, or the Clinical Director
- .5 The description reflects that the Program of Assertive Community Treatment (PACT) operates as follows:
 - (a) Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified clients with severe and persistent mental illnesses.
 - (b) Minimally refers consumers to outside service providers.
 - (c) Provides services on a long-term care basis with continuity of caregivers over time.
 - (d) Delivers 75 percent or more of the services outside program offices.
 - (e) Emphasizes outreach, relationship building, and individualization of services.

MEASUREMENT CRITERIA:

The program description is approved by the Board (YES___NO___). The program description contains the required elements (YES___NO___).

If NO, list the deficiencies: _____

- 5202 There must be an identifiable team with the following characteristics:**
- .1 Clinical staff to consumer ratio of 1:10 excluding the doctor and administrative assistant
 - .2 Minimum team size 10 full team equivalent (FTE) in urban areas, 5-7 in rural areas
 - .3 A psychiatrist(s) 16 hours per month per 36 consumers
 - .4 Administrative assistant 1 FTE urban, .5 rural
 - .5 Full time masters level clinician as team leader
 - .6 At least 8 staff are mental health professionals (MA, MSN, RN) in urban areas, 5 in rural areas
 - .7 At least 1 FTE substance abuse specialist
 - .8 At least 3 FTE RN in urban areas, 1.5 in rural
 - .9 At least 1 FTE vocational specialist
 - .10 At least 1 FTE Peer Specialist
 - .11 Members function as a team so that all team members know and work with all consumers
 - .12 Program operates at least at 80% of full staffing for past 12 months, or since program opening if not in operation for 12 months

MEASUREMENT CRITERIA:

The team composition includes the required positions. YES___NO___

The team has been at least at 80% staffing for the past 12 months (YES___NO___). The members function as a team. YES___NO___

5203 The team leader performs the following functions:

- .1 Leads daily organizational team meeting**
- .2 Leads treatment planning meetings**
- .3 Available to team members for clinical consultation**
- .4 Provides one-to-one supervision**
- .5 Functions as a practicing clinician**

MEASUREMENT CRITERION:

Program documentation reflects that the team leader performs the required functions. YES___NO___

5204 The psychiatrist performs the following functions:

- .1 Conducts psychiatric and health assessments**
- .2 Supervises the psychiatric treatment of all consumers**
- .3 Provides psychopharmacologic treatment of all consumers**
- .4 Supervises the medication management system**
- .5 Provides individual supportive therapy**
- .6 Provides crisis intervention on-site**
- .7 Provides family interventions and psychoeducation**
- .8 Attends daily organizational and treatment planning meetings**
- .9 Provides clinical supervision.**

MEASUREMENT CRITERION:

Program documentation reflects that the psychiatrist performs the required functions. YES___NO___

5205 The registered nurses perform the following functions:

- .1 In conjunction with doctors, manage medication system**
- .2 Administer and document medication treatment**
- .3 Conduct health assessments**
- .4 Coordinate services with other health providers.**

MEASUREMENT CRITERION:

Program documentation reflects that the nurses perform the required functions. YES___NO___

5206 The vocational specialist performs the following functions:

- .1 Lead clinician for vocational assessment and planning**
- .2 Maintains liaison with Vocational Rehabilitation and training agencies**

- .3 Provides full range of vocational services (job development, placement, job support, career counseling)**

MEASUREMENT CRITERION:

Program documentation reflects that the vocational specialist performs the required functions. YES___NO___

5207 The substance abuse specialist performs the following functions:

- .1 Serves on individual treatment team of consumers with substance abuse disorders**
- .2 Lead clinician for assessing, planning, and treating substance abuse**
- .3 Provides supportive and cognitive behavioral treatment individually and in groups**
- .4 Uses a stagewise model that is non-confrontational, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.**

MEASUREMENT CRITERION:

Program documentation reflects that the substance abuse specialist performs the required functions. YES___NO___

5208 The team provides outreach and continuity of care in the following manner:

- .1 At least 75 % of all contacts occur out of the office**
- .2 Difficult to engage consumers are retained**
- .3 Difficult to engage consumers are seen two times per month or more**
- .4 Acutely hospitalized consumers are seen two times per week or more**
- .5 Long term hospitalized consumers are seen each week in the hospital**
- .6 Team plans jointly with inpatient staff**

MEASUREMENT CRITERIA:

The consumer records document that 75% of contacts occur outside the office (YES___NO___). Consumer records document that difficult to engage consumers are retained unless the team is fired by the consumer (YES___NO___). Consumer records of difficult to engage consumers document contact at least 2 times per month (YES___NO___). Hospitalized consumers are seen in the required frequency (YES___NO___). Records document joint planning with the inpatient staff (YES___NO___).

5209 The program provides the following intensity of services:

- .1 Program size does not exceed 120 consumers in urban areas and 80 in rural areas**
- .2 Staff to client ratio does not exceed 1:10**
- .3 Consumers are contacted face-to-face an average of three times per week**

.4 Unstable consumers are contacted multiple times daily

MEASUREMENT CRITERIA:

The total number of consumers and staff to consumer ratio meet the requirements (YES___NO___). The frequency of contacts meets the requirements (YES___NO___).

5210 The team operates during the following hours:

- .1 Staff are on duty 7 days per week**
- .2 Program operates 12 hours on weekdays**
- .3 Program operates 8 hours on weekends/holidays**
- .4 Team members are on call all other hours in the urban model. In rural areas, team members can coordinate after hours call with other clinicians. A team member briefs the on-call staff relative to high risk consumers. A team member provides face-to-face services, if necessary.**

MEASUREMENT CRITERIA:

The team operating hours conform to the requirements (YES___NO___). After hours services by the rural teams conform to the requirements (YES___NO___NA___).

5211 The team is organized and communicates in the following manner:

- .1 Organizational team meeting held daily Monday – Friday**
- .2 The daily meeting concludes within 45- 60 minutes**
- .3 Consumer status reviewed via daily log and staff report**
- .4 Team leader facilitates discussion and treatment planning**
- .5 Services and contacts scheduled per treatment plans and triage**
- .6 Shift manager determines staff assignments**
- .7 Shift manager prepares daily staff assignment schedule**
- .8 Shift manager monitors/coordinates service provision**
- .9 All staff contacts with consumers are logged**

MEASUREMENT CRITERIA:

*The team functions in accordance with these requirements (YES___NO___).
If NO, list the deficiencies: _____*

5212 The team performs assessment and treatment planning in the following manner:

- .1 Baseline and ongoing assessments are documented in the following areas: psychiatric, vocational, activities of daily living and housing, social, family interaction, substance use, and health**
- .2 Assessments are performed by qualified staff**
- .3 Individual treatment teams of 3 to 5 staff per consumer**
- .4 Treatment planning meetings are held weekly**

- .5 Treatment planning meetings are led by senior staff**
- .6 Consumers participate in formulating goals and service plans**
- .7 All five diagnostic axes are completed on plans**
- .8 Problems, goals, and plans are specific and measurable**
- .9 The treatment plans are transferred to consumers' weekly schedules**
- .10 The treatment planning schedule is posted two months in advance**
- .11 The treatment plan is reviewed and modified at key events in the course of treatment but no less often than every 6 months**

MEASUREMENT CRITERIA:

Assessments are performed in the required domains (YES___NO___) by qualified staff (YES___NO___). Treatment plan meetings are held as required (YES___NO___). All 5 diagnostic axes are completed (YES___NO___). Treatment plans are performed and scheduled as required (YES___NO___).

5213 Case management services are provided as follows:

- .1 A case manager is assigned for each consumer**
- .2 Other individual treatment team staff back up case manager**
- .3 Case manager provides supportive therapy, family support, education and collaboration, and crisis intervention**
- .4 Case manager plans, coordinates, and monitors services**
- .5 Case manager advocates for the consumer and provides social network support**
- .6 All staff perform case management functions**

MEASUREMENT CRITERION:

Services are provided as required. YES___NO___

5214 Crisis assessment and intervention services are provided as follows:

- .1 Crisis services are provided 24 hours per day**
- .2 A team member is available by phone and face-to-face with back up by team leader and psychiatrist in urban areas**
- .3 After hours services are provided in rural areas either by the team or through collaboration with other emergency service providers**

MEASUREMENT CRITERION:

Services are provided as required. YES___NO___

5215 Individual supportive therapy is provided as follows:

- .1 Includes ongoing assessment of symptoms and treatment response**
- .2 Includes education about the illness and medication effects**
- .3 Includes symptom management education**
- .4 Includes psychological support, problem solving, and assistance in adapting to illness**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5216 Medication management is provided as follows:

- .1 The psychiatrist actively supervises/collaborates with RNs.**
- .2 There is frequent psychiatrist assessment of consumer response**
- .3 All team members monitor medication effects/response**
- .4 Medication is managed in accordance with the policy and procedure manual.**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5217 Substance abuse services are provided as follows:

- .1 The team includes one or more designated substance abuse specialists**
- .2 All team members assess and monitor substance use**
- .3 Interventions follow an established co-occurring disorders treatment model**
- .4 Individual interventions are provided**
- .5 Group interventions are provided**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5218 Work related services are provided as follows:

- .1 Includes an assessment of interests and abilities and of effect of mental illness on employment**
- .2 All team members provide vocational services that are coordinated by the team vocational specialist**
- .3 Ongoing employment rehabilitation plan is developed**
- .4 Includes on the job collaboration with consumer and supervisors**
- .5 Includes off the job work related supportive services**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5219 Services for activities of daily living are provided as follows:

- .1 Includes training in self-care skills**
- .2 Includes training in homemaking skills**
- .3 Includes training in financial management skills**
- .4 Includes training in use of available transportation**
- .5 Includes training in use of health and social services**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5220 Services for social, interpersonal relationship, and leisure time are provided as follows:

- .1 Includes communication skill training**
- .2 Includes interpersonal relations skill training**
- .3 Includes social skills training**
- .4 Includes leisure time skills training**
- .5 Includes support to consumers in participating in social, recreational, educational, and cultural community activities**
- .6 The team organizes leisure time activities**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5221 Support services are provided as follows:

- .1 Includes access to medical and dental services**
- .2 Includes assistance in finding and maintaining safe, clean affordable housing**
- .3 80% of consumers live in independent community housing**
- .4 Includes financial management support**
- .5 Includes access to social services**
- .6 Includes transportation and access to transportation**
- .7 Includes legal advocacy**

MEASUREMENT CRITERION:

Services are provided as required. YES__NO__

5222 There shall be an advisory committee with the following membership and roles:

- .1 At least 51% of the members are consumers and family members with a minimum of three consumer members**
- .2 The local NAMI affiliate, local consumer organizations, and the management of the provider should collaborate to determine membership.**
- .3 The membership should be culturally representative of the consumers served by the team**
- .4 There should be at least 10 members but no more than 15.**
- .5 The Advisory Committee meets at least quarterly and as often as needed**
- .6 The Advisory Committee is independent of, and communicates directly with, management level staff**
- .7 The ACT Team Leader and other staff, as necessary, meet with the Advisory Committee and provide administrative support to it**

- .8 The members will advise the team on to make services relevant, culturally respectful, collaborative and desirable to consumers**
- .9 The members will monitor evaluation data, including consumer complaints, relative to making performance improvement recommendations**
- .10 Advocates for resources for consumers served by the team**
- .11 Promote community understanding of the model and its goals, including community presentations**

MEASUREMENT CRITERIA:

The composition of the Advisory Committee is at least 10, but not more than 15 (YES___NO___). The membership was selected in a collaborative manner (YES___NO___). The committee is culturally representative of the consumers served (YES___NO___). The committee meets at least quarterly (YES___NO___). The team provides administrative support to the committee (YES___NO___). The committee communicates directly with upper management staff (YES___NO___). The committee performs the functions described above (YES___NO___). If NO, list the deficiencies: _____

6000 INDIGENT DRUG PROGRAM

- 6001 A consumer in the Indigent Drug Program (IDP) must be under the care of a licensed physician who may be either in private practice or on the staff of a mental health center.**

Measurement Criterion:

YES____NO____

- 6002 Each consumer must have a psychiatric diagnosis established before any prescription is filled.**

Measurement Criterion:

YES____NO____

- 6003 Every consumer in the IDP must be an active consumer of the center even if medication is prescribed by a non-center physician.**

Measurement Criterion:

YES____NO____

- 6004 Each consumer should receive a direct service at least every 90 days. Case notes should be completed for each contact.**

Measurement Criterion:

YES____NO____

- 6005 All chemotherapy must be documented in the consumer records in accordance with applicable standards in Section 3400.**

Measurement Criterion:

YES____NO____

- 6006 All prescribed medication issued by the IDP is subject to review by the mental health center's Medical Director.**

Measurement Criterion:

YES____NO____NA____

- 6007 All consumers receiving psychotropic drugs shall be seen and evaluated by a licensed physician at intervals not to exceed a six month period.**

Measurement Criterion:

YES____NO____

- 6008 Approved dispensing agencies must use the IDP financial and clinical eligibility criteria as published by the Alabama Department of Mental Health/Mental Retardation. Exception: One-time only for prescriptions from a state institution, crisis stabilization program, or for a documented emergency.**

Measurement Criterion:

YES____NO____

- 6009 Financial information as well as clinical documentation in sufficient detail to determine eligibility for participation in the Indigent Drug Program will be in the consumer records. This information will be updated at least on an annual basis.**

Measurement Criterion:

YES____NO____

- 6010 All consumers of the Indigent Drug Program must be screened for third party eligibility. Consumers who qualify for Medicaid, insurance, or compassionate need programs will not be furnished drugs that are available through these other sources.**

Measurement Criterion:

YES____NO____

- 6011 The provider shall have a policy that prohibits the sale of drugs.**

Measurement Criterion:

YES____NO____

- 6012 The provider shall establish a nominal dispensing fee to cover the costs of dispensing medication, including salary of the pharmacist, cost of containers, labels, etc. An additional charge may be assessed if it is necessary to mail any prescriptions.**

Measurement Criterion:

YES____NO____

- 6013 All records required by state and federal laws governing the storage and handling of drugs must be maintained.**

Measurement Criterion:

YES____NO____

- 6014 All prescriptions filled with drugs furnished by the State of Alabama for use in the Indigent Drug Program must be filled exclusively within the confines of the mental health center or its satellite facilities.**

Measurement Criterion:

YES____NO____

- 6015 The provider shall follow Alabama Department of Mental Health/Mental Retardation operating procedures relative to ordering, storage, and accounting for medication obtained and dispensed through the IDP.**

Measurement Criterion:

YES____NO____

- 6016 Pharmacies used for the IDP are licensed by the Alabama State Board of Pharmacy and are staffed either part-time or full-time, by a pharmacist registered in Alabama.**

Measurement Criterion:

YES____NO____

- 6017 The registered pharmacist, as the legally responsible person, shall compound (fill) and/or dispense all prescriptions.**

Measurement Criterion:

YES____NO____

- 6018 The state office must be advised of any changes in key personnel involved with the Indigent Drug Program, and appropriate in-service training by the Coordinator of Community Pharmacy Services will be available, if needed.**

Measurement Criterion:

YES____NO____

- 6019 Adequate clerical support must be provided to insure that the necessary reports, records, etc., are executed.**

Measurement Criterion:

YES____NO____

- 6020 The Coordinator of Community Pharmacy Services must be notified of any planned change in the location of a pharmacy.**

.1 In case of change of address of the center, the following area to be notified when the date of change is final:

- (a) Alabama State Board of Pharmacy**
- (b) Drug Enforcement Administration (Mobile)**

- .2 Old Drug Enforcement Order Forms should be returned to the Drug Enforcement Administration in Washington, D.C.**
- .3 New order form books for the new address must be requested before placing orders for any Schedule II items to be shipped to the new address.**

Measurement Criterion:

YES____NO____

- 6021 The mental health center director shall sign an assurance that any drugs paid for through the IDP will be used only for persons who meet the clinical and financial eligibility criteria for the IDP. No drugs will be ordered for a mental health center until there is a current assurance statement on file with the Department of Mental Health/Mental Retardation.**

Measurement Criterion:

YES____NO____

- 6022 Drugs for the Indigent Drug Program must be kept separate from any other drug stock(s) or any other center supplies.**

Measurement Criterion:

YES____NO____

- 6023 Access to the pharmacy must be limited to the pharmacist and only the Pharmacist shall have keys to the Pharmacy. Pharmacy assistants may be in the pharmacy at the same time as the pharmacist.**

Measurement Criterion:

YES____NO____

- 6024 Drugs can be received only by an authorized representative in the absence of the Pharmacist and must be stored in a place that can be securely locked outside the pharmacy.**

Measurement Criterion:

YES____NO____

- 6025 There should be entries in the general ledger for drugs received and dispensed by each center. The value of the drugs must be included as part of the center's revenues and, when dispensed, as part of the center's expenditures.**

Measurement Criterion:

YES____NO____

- 6026 A physical inventory of drugs on hand should be taken at the close of business September 30 of each year. The value of the drugs on hand, using the prices reflected on the invoices of the prime vendor or those available from the state office should be determined. This inventory must be verified by spot checks of selected items by someone designated by the Center Director other than Indigent Drug Program personnel.**

Measurement Criterion:

YES____NO____

- 6027 Any pharmacy involved in the loss of controlled substances must notify the DEA regional office (Birmingham), the State Board of Pharmacy, and the Coordinator of Community Pharmacy Services upon discovery of theft or significant loss. The DEA office will furnish a form to be filled out, along with instructions for completing the form.**

Measurement Criterion:

YES____NO____NA____

- 6028 A prescription will be limited to five refills, or six months, whichever occurs first, unless the prescribing physician indicates more stringent directions. The quantity issued at any one time will not exceed a thirty-three day supply.**

Measurement Criterion:

YES____NO____